The New York Medical Times

VOL. XX. NEW YORK, OCTOBER, 1892. No. 7.

ORIGINAL ARTICLES.

NERVOUS MATTER, WHAT IS IT?—OPTIC NERVES.

BY JAMES A. CARMICHAEL, M. D., NEW YORK.

OUR investigation of the chiasma optica or commissure has determined the fact that it not only embodies the union of the optic nerve-fibers, coming from their various sources of origin in the central cerebral ganglia, but that in it the fibers are intimately associated with each other, thus constituting a convention or plexus, for purposes which we have already indicated. Not only so, but these fibers form a consolidated bond of close and intimate sympathy between the cerebral hemispheres by the inter-cerebral optic fibers, between the ganglia of the cerebral hemispheres—cerebro-ganglionic optic fibers—with the cortex cerebri, by and through the corona radiata and association fibers, constituting the cerebro-cortical optic fibers. Then the cerebro-retinal fibers of opposite sides of the same side, and finally, the establishment of a nervous visual unity between the two retinæ by means of the inter-retinal optic fibers. It is by the uninterrupted permanence alone of this visual integrity, made up, as it is, of the many and various contributions we have enumerated, that the perfection of vision is accomplished, so far as the nervous forces are concerned. But from what we have seen of the anatomy of the ocular globe itself, and the many organs and elements entering into its construction, we can readily understand, that though the nervous intergrity may be absolutely unimpaired, even a very slight imperfection or blemish of one or more of the ocular elements may entirely neutralize the nervous visual forces and render them impotent and useless for all visual purposes. A spot upon the cornea, or a partial or general opacity of its transparent brilliancy, an obfuscation, perfect or imperfect, of the aqueous humor, the invasion by disease of the iris, involving its mobility or immobility of the lens, producing cataract of the vitreous humor, the choroid, the tunica ruyschiana, some remote cause whereby paralysis of the ciliary muscle is produced, and its motor power enfeebled or destroyed, and most important of all, the blighting effects of morbid changes in any portion of the retina. So we might go on recalling, one after the other, the diseases to which the globe of the eye is subject, but they are legionary in number. Any one of these may so modify or obstruct ocular luminous intromission that nervous visual force becomes impotent, and perfect vision an impracticable function. To these may be added congenital ocular deficiences, the hereditary transmission of visual imperfection, physical changes in the globe from advancing age, effects of ocular fatigue from overwork, sudden luminous impaction upon the eye, when unprepared for its reception, of lightning, of the introduction into the eye, of corrosive elements, liquid or other, etc.

CEREBRO-RETINAL ASSOCIATION.

The operations of this association are divisible into several departments, so to speak, and may be distinguished as, 1st. The normal or conscious cerebro-retinal functional operations. 2d. The abnormal, unconscious or automatic. 3d. The sympathetic or ganglionic. 4th. The moral, emotional or psychic; and 5th. The immoral or perverted. Let us consider briefly each of these divisions. The normal or conscious cerebro-retinal operations, of course, can only occur where cerebral and ocular integrity are assured, and where the communication from eye to brain is free and uninterrupted. What the eye sees is conveyed to the seat of intelligence, the home of the mind, the cerebral cortex, by the agencies, ocular optic and cerebral which we have already fully considered. So that any image from without impressing itself upon the retina is repeated cerebrally, cognizance taken of it, and it becomes a fact and a memory to be transient or permanent, according to the vividness of the original impressions made upon the mind. As respects the abnormal, unconscious or automatic cerebro-retinal operations, they belong to those impressions made upon the mind or generated by the cortex, say, during the hours of sleep, when images seem to be impressed upon the retina through the vagaries of dreaming, and also to stand out in palpable form and presence as though received by luminous intromission from without. There are certain conditions indeed, as in somnambulism, trance, hypnotism, etc., when extrinsic objects make no visual impression upon the eye, yet automatic cerebral manifestations occur in the complete absence of consciousness, and marked by such accuracy and definiteness of purpose as though eye and brain were in thorough co-operation and accord. The cerebro-retinal associations that arouse and stimulate ganglionic and sympathetic effects and

influences are among the most mysterious, and in many instances inexplicable, that can engage the thought and effort of the physiologist to solve and explain by any of the usual laws that govern physiological functional operations within the body. We have already recited the wonderful and incomprehensible—except through the impulses of these occult nerve-forces—maternal influences upon the fœtus in utero, and the complete perversion made by them of the natural processes of nutrition and formation that otherwise would be directed in completing and perfecting intra-uterine fœtal growth and fitness for all the purposes of subsequent, extra-uterine and independent life.

Not only so, but a perversion so gross, and, as it were, so depraved, and as though directed and impelled by some diabolical ingenuity and craft, that a monster leaps into the world, neither human nor yet brute, incapable of the love of the mother that bore it, and only to be hidden away from every eye, and no hope nor prayer for it, except that its ending may tread swiftly on the heels of its beginning. As we saw abundantly when investigating the effects of olfactory impressions exercised through sympathetic or ganglionic influences upon the many and various organs of the body, so do these cerebro-retinal ganglionic and sympathetic powers make themselves felt through the body, impressing more or less one organ after the other, quickening or staying the functional activity of each, according to the character or force, intellectual, moral or sympathetic, of the primary retinal impression made. Let us now consider the moral, emotional and psychic manifestations that are responsive to, and created by cerebro-retinal extrinsic impressions. The *very presence* of light itself, even though it may reveal and fix upon the retina no object around us of any special interest whatever, yet the mere contemplation of the arch above us, and the surrounding air in which we live and breathe, is a comfort and a joy to us that we would hardly exchange for any other blessing that could be given. Blind Bartimeus said: "Oh, give me light," as the supremest joy that the Divine hand could bestow. The beautiful things of earth that Nature can show, for "no tears dim the sweet look that Nature wears," and that the art of the painter and the sculptor can fix on canvas or live in imperishable marble, the faithful retina conveys to the cortex, whence all the mental, moral and emotional impulses awakened by their contemplation, thrill through the body and quicken it in its every minutest portion. There occurs, just here, a single verse from the Hymnal in ordinary use in the usual church service, which seems peculiarly apposite in connection with the function of vision and its effects upon the emotional sensations we so often feel. It runs thus:

"As when the weary traveller gains
The height of some commanding hill,
His *heart revives*, if o'er the plains
He *sees* his home, tho' distant still."

This is no mere word-painting. What makes his *heart revive?* It is that he *sees* his home, every feature that Nature wears of mountain and plain, valley, meadow and wandering stream, and the thought that the home of his heart, and of those who are dear to it, is near, all are repeated upon the ready tablet of the retina, and by the cerebro-retinal agencies of optic nerves, central ganglia, association fibers, corona radiata, and the innumerable and exquisitely vital strands and strata and threads of medullary matter, substantia gelatinosa, ganglia and cells, conveyed to that wondrous factor and generator of the mental, moral and emotional powers that we possess, and that makes and regulates our lives, the cortex of the brain. Then every faculty is awakened into renewed and unaccustomed activity and energy. Memory, love, hope and the joy of reunion with all that makes life worth living, go thrilling through those tendrils and nerves of the body, and by the ganglionic and nervous stimulus of cardiac nerves from the pneumo-gastric and great sympathetic ganglia, the pulmonary contributions from the same sources, and by the same mysterious power the little lachrymal glands are made to secrete. By all these, the heart beats high, the breath comes quick and short, and the eye fills and runs over, and thankfulness ascends to the Great Creator of all these possibilities of happiness that we possess to lighten life's oft-weary round! Next in order we have to consider the cerebro-retinal operations from an immoral or perverted point of view. This is the dark side of the picture, and, in many respects, a revolting and unwelcome one, but "Humanum est errare," and so we must see poor human nature as it is, with all its imperfections on its head. "The lust of the eye" is, as we well know, one of the great incentives to the indulgence of passion, and of the animal instinct that nature implants within us. Accordingly as this indulgence is kept in abeyance by reason and by abstinence from excess, or permitted to have full sway and unchecked fulfillment, so does it serve as an endearing bond of love and affectionate sympathy, or it makes of man a mere slave to unbridled appetites and unappeasable and degrading desires. Keats said "a thing of beauty is a joy forever." So it is; but when it takes the human form, and fills the eye with its beauty only to stimulate a greed for its possession and for all it can yield for the gratification of libidinous lust and the grosser animal instincts, then is its beauty a fatal gift, both to the possessor and to him who is the victim of its alluring fascination. Through cerebro-retinal agencies, impulses are carried that arouse the energies of

the cortex, or of that department of it, so to speak, which, as we believe, generates these grosser instincts that so often dominate and control human life. By the ganglionic and nervous avenues that we have so frequently repeated and recalled, these impulses tend uninterruptedly to the organs designed by nature for their respective procreative functional fulfillment, and the result is the reproduction of life, or they become the obedient instruments for erotic and eroto-genetic madness that, sooner or later, may wreck body and soul in the whirl and vortex of libidinous lust and concupiscent frenzy, and the end is often seen behind the doors of the madhouse. In this connection there has happened within the last few weeks a most astounding instance of moral perversion, generated either by hereditary cerebral insanity, or growing out of the indulgence of furious and frenzied lust, and most astounding still, in two individuals of the same sex, and that sex represented by two young girls hardly yet in the early days of puberty. The records of crime may be diligently searched without yielding a more monstrous example of human depravity and of the effects of unholy and perverted passion.

The readers of the September number of this journal will no doubt remember the almost unparalleled and intensely interesting—to the professional mind—case of "sexual perversion" so ably reported by Dr. Comstock, of St. Louis, the case of Alice Mitchell, of Memphis. As reported, this girl conceived a fierce and most unnatural sexual passion for one of her own sex and age, the mutual indulgence of which terminated, in the case of Alice, in the development of insanity—as it was pronounced by the jury that subsequently tried her for her life—and while under the influence of a paroxysm of mental aberration, she deliberately cut the throat of her friend and whilom lover, in a public street, and in open day, thus giving proof of insanity with homicidal tendency. According to Dr. Comstock there was not only insanity here, but the transmission of hereditary insanity, because of her mother having become subject to puerperal insanity, or, as commonly called, "childbed fever." In other words, "before the birth of Alice, she, the mother, was deranged." The fact of hereditary insanity does not seem—with all possible respect to both juridical and professional opinion given—to account for either the homicidal tendency nor yet for the sexual perversion. It is not stated that any such manifestations occurred in the case of the mother. On the contrary "she remained melancholy for a long time suffering from hallucinations, and was infatuated with the most groundless prejudices and fears, with *a peculiar expression about the eyes*, which would bring to mind her former furious delirium." Is there any other mode of accounting for the sexual perversity and the subsequent homicidal tendency? Alice was said to be a paranoiac. The word paranoia, whose derivation παρα, out of, and νους, the mind, and etymology signifying insane, is a generic word, and may be made applicable to any form of insanity. In the present instance it might be designated, because of the practical manifestations growing out of it, a paranoia libidinosa, or that form of insanity impelled by sexual lust. Then, again, a paranoia trucidentalis, or insanity with propensity to kill. Also a paranoia religiosa, the mind unsettled by religious fanaticism, a paranoia ecstatica, the patient subject to paroxysms of ecstasy or euthanasia, l'estasie amoureuse, ecstacy of love, as contradistinguished from l'estasie diabolique, ecstacy or frenzy, of jealous hatred. All of these are conditions of insanity, to which many more might be added, showing themselves where dementia is present in its almost innumerable forms.

Was this a libidinous homoio-sexuality, if one may so express it, nurtured by unnatural erotic sexual indulgence by two of the same sex, and did it beget a criminomania erotica or madness with homicidal tendency caused by libidinous or salacious intercourse, and did this madness prompt the commission of the crime? Again, was the madness stimulated by jealousy that would urge an individual—particularly a woman—to stop at nothing to appease and divert its deadly purposes, and did it prompt the killing? Alice declared that she "killed her because she loved her." Love into which jealousy finds its way, is, if unchecked, as deadly as the Upas, and courses through "the gates and alleys of the body" with as venomous a virus as lives within the jaws of a hydrophobic dog or the fangs of the cobra di capello, and no cruelty that was ever conceived and practised by the Spanish Inquisition under Torquemada would sate the hate that animates the bosom in which the "perilous stuff" has found a lodgment, and which settles to its purpose with all the craft and cunning of the most intense Jesuitry that ever marked the rule and domination of Ignatius Loyola. Whence could the jealousy have arisen? Did her victim give her any cause for it, or did she, in her lustful frenzy, see or imagine the existence of a cause, however trifling? The immortal interpreter of human infirmities has told us that "trifles, light as air, are to the jealous confirmation strong as proof of Holy Writ," and how much more so when the distraught mind is impelled and urged by the pangs and pains of the diseased body. Were there any cerebro-retinal impressions made upon her that sent the tide of jealous fury raging through those mysterious ganglionic and nervous forces, with the added stimulus too of some local genital irritation lashing her into wrath unappeasable, except by the immolation of the object of her love, and now the victim of her hate. The

time had come, and the blow was dealt! Congreve wrote:

"Heaven hath no rage, like love to hatred turned,
Nor hell a fury, like a woman scorned."

It is easy to conceive such a mental condition as is here depicted, especially if that condition is kept alive by the burning and tormenting irritation produced by certain local affections occurring in the female organs of generation. Are there any causes that may develop insanity in women other than that of hereditary transmission? It is well known to the profession that women are peculiarly subject to mental disorders of various kinds, which have their "Fons et origo mali" in disorders of the genital organs. Let us take a cursory view of some of them. The character, manifestations and results of acute nymphomania are too well known to need more than a mere passing mention of the name. Yet we know to what utter degradation—mental, moral and physical—it has reduced many a poor soul, even to the commission of crime, that has become its unhappy victim! The libidinous orgies that are committed under the maddening influences of satyriasis, furor uterinus, and especially of clitoriditis, are but too familiar to the professional mind. One has only to read Parent Duchatelet on "Le Prostitution Dans la Ville de Paris," to become familiar with the enormities of human vice and the crimes that follow inevitably from their brutal indulgence. As respects the last-named affection—clitoriditis—many a woman has been consigned to a madhouse for want of a pair of scissors or the application by a glass rod of a drop of nitric acid, with either of which dethroned reason might have resumed its sway and effected her return to those who bewailed the wreck of the mind that once made the contentment and happiness of the now desolate hearth at home. Finally, in relation to the case of Alice Mitchell, where in the brain is the locality of such insanity as overtook her, and was it cerebrally, hereditary or reflected from local genital irritation? In this connection a word may be added intercurrently here in relation to the progressive advancement of what is now known as "orificial surgery," in overcoming and relieving many ailments and diseases that have heretofore defied the most skillful treatment by drugs and other remedial agencies, and which have had their beginning and their "*raison d'etre*" in local irritations within the orifices of the body. Before leaving this subject and returning to our legitimate investigations of nervous matter, we would offer a suggestion or two upon the present usual management of female boarding schools. We have told a sorry story of the possibilities growing out of young female companionship, unrestrained by vigilant guardianship and unremitting supervision of the daily and hourly habitudes of the young. Is there reason to doubt that such guardianship and supervision obtain adequately in the many and various educational institutions throughout our country. There is a fearful responsibility here if there be lack of vigilance by those to whom are committed the care, not only of the mind and its growth, but also of the physical and *moral* well-being of the young confided to them. The habits acquired in the early days of school life color all future life, and the principles then instilled and cultivated either adorn that future life or mar and degrade it until there is fear that more than one Alice Mitchell may blot the page of the history of crime and appall us with the repetition of the dark and revolting story of vicious passion unrestrainedly indulged.

Does authoritative supervision sufficiently extend to the inner lives and habits of young girls brought into close companionship by boarding school intimacies? Well may the teaching of many of the fashionable 'ologies of the day, to the exclusion of other subjects of vastly more importance and benefit, mental, moral and physical, be superseded by a keen and penetrating surveillance of the *morals* that so adorn the education and life of a perfect woman.

To return to a few final words upon the immoral tendencies of cerebro-retinal operations. Another influence by which the cerebro-retinal operations invite immoral tendencies is that of the voluptuous and suggestive scenic representations of the stage. Here we have indeed a stage and a scene for the delectation and demoralization of callow youth and hoary and decapillated age, with both of whom the theatre-pit nightly abounds. Of hoary and decapillated age that still hugs the fond hope and fascinating delusion of perennial youth, vain hope and sorry sight, and like that other delusive hope and belief, that what the *eye sees* the worn and spent body may realize. Those days are gone and the ever-renewed vigor of youth gone with them. If there is the belief to live them over again by voluptuous visions fixed upon the retina and by the potency of strong drink and luxurious living, that inexhaustible reader of the human mind and man's infirmities inspires the drunken porter in Macbeth to give the lesson that will teach the fallacy and futility of the dear hope that it is so hard to let go. Speaking of strong drink, he says: "It provokes the desire, but it takes away the performance." The stage offers also the scene for the "soi-disant" moralist, that he may groan over the moral obliquities of the day and generation—"not seen in his day, you may be sure of that," if he be one of the groaning kind that "comes to scoff and remains to pray," at the same time keeping one eye stageward. There are such, plenty of 'em, and may the Lord deliver us from all such hypocrites and moral pretenders!

Next in order and lastly, let us briefly review the expressions of the eye through its cerebro-re-

tinal associations in a few diseases involving the brain. In order to trace the exact relationship between the different forms of insanity and their ocular manifestations by the eye, it would be necessary to give the individual history of the different forms of insanity with their pre-disposing causes—whether hereditary or not, and to trace the transmission, etc.—the appearances they assume, the peculiar characteristics of each case, etc. All this of itself would fill a volume, and we do not propose any such undertaking. A few examples will serve to show the sympathy existing between certain forms of insanity and the ocular indications revealing their presence. In the milder forms, or those in which there is no exhibition or tendency to violence, such as melancholia for example, we would expect, and we find the corresponding mild and gentle expression of the eye. Contrast this with the glaring, glittering orbs of phrenitis, or of delirium tremens with its ocular spectra and other horrors, or of certain forms of fever in which there is active cerebral inflammation, with furious delirium. Again in contrast with the low muttering babble of typhoidal conditions and the dull, listless and wandering expressions of the eye that accompany them. Then comes the moral and emotional rôle of ocular manifestations as seen in love, and its opposite, hate. In anger, wrath, rage, the glinting scintillations of the eye in revenge, cunning, jealousy, the salacious leer of lust, and the triumphant gleam of possession. The fervent and devotional expression of an humble and confiding faith as contrasted with the wild vaporings of a shallow and transient religious fanaticism. The bright and searching outlook of the active, busy intellect, as compared with the dull, meaningless glare betokening the vacant mind and the torpid brain. Such a look as looked out of the eyes of Banquo's ghost, and to which Macbeth appealed in the agony of his superstitions, horror and dread.

> "Thou hast no speculation in those eyes
> Which thou dost glare with."

Unlike that other look of Hamlet as, with eyes bursting from their sockets, he utters the invocation: "Angels and ministers of grace defend us," and adjures the dread spectre with the memorable defiance that will die only with time itself.

> "Be thou a spirit of health, or goblin damned,
> Bring with thee airs from heaven, or blasts from hell;
> Be thy intent wicked or charitable. Thou com'st in such
> Questionable shape, that I will speak to thee."

On Measles in the Adult.—Dr. Leopold Glück Zenica, says the opinion generally entertained that rubeola is severe in the adult, is not supported by his experience. He has had opportunity to observe thirty-three cases amongst adults, of whom six were convicts, and none of the patients died, nor were there any symptoms indicating a specially dangerous character in the disease.

MALE SEXUAL ORGANS. A REPERTORY TO SOME "CLINICALS."

By F. G. Oehme, M. D., Roseburg, Oregon.

ATROPHY, testes on the verge of, in boys, with pining condition, low spirits, lifelessness, bad memory, tongue commonly coated at the back, appetite for plain food bad, *tun met.*,* *carbon. sulf.*, *K. jod.*

Balanitis: *Sil.*

Buboes, indurated: *Cinnab.*

Burning: See *pain.*

Cellulitis, diffuse: *Apis.*

Chordee: Effects of sudden suppression of the gonorrhœal discharge, coldness, strangury, etc., *Camph.*, *Cann. in.*, *Canth.*, *Caps.*

Coldness of genitals: *Agn.*, with relaxation, *Diosc.*, becoming small and cold *Lyc.*, in the evening and night *Merc.*, of the scrotum in the morning on waking, *Caps.*

Coition without emission: *Graph.*

Condylomata: On prepuce which bleed easily *Cinnab.*, *Sabin.*, on inner surface of prepuce *Thuj.*

Cystitis from gonorrhœa: *Cann. sat.*

Desire, Sexual: Without erections *Agar.*, loss of *Agn.*, increased, followed by impotency *Alumina*, increased *Amon. c.*, increased *Aur.*, diminished *Bar. c.*, excessive *Bov.*, increased *Calc. c.*, loss of *Camph.*, violent, with incessant painful erection *Canth.*, at first increased, then lost *Carbon. sulf.*, generally excited *Chin.*, greatly excited with dry heat of the body *Coff.*, wanting *Lyt.*, loss of *Phos. ac.*, increased but with impotency *Phos.*, unnatural, especially in the morning in bed *Nx. v.*, abnormal with sleepiness *Raph.*, normal, but with impotency (effects of sexual excesses), *Sel.*

Destruction, syphilitic, of tissues: *Fluor ac.*

Discharge: From urethra, gleet-like or yellowish *Agn.*, catarrhal (?) *Arg. m.*, yellowish-green, offensive from the glans and inner surface of prepuce, with sensitiveness, redness and swelling *Corall.*, involuntary of glutinous fluid, as from the prostrate *Sel.*

Ejaculation: Too easy *Phos. ac.*, *Sel.*

Emissions, Involuntary: In sleep, even after coition *Agn.*, while straining at stool *Alumina*, afterwards numerous troubles *Alumina*, at night *Ammon. c.*, without sexual excitement or with impotency *Arg. m.*, nocturnal, with erections *Aur.*, frequent *Bov.*, too quick, followed by weakness, irritability, etc. *Calc. c.*, frequent, profuse, at night *Carb. sulf.*, frequent, but ejaculations too easy, followed by extreme weakness *Chin.*, excessive, on the slightest sexual provocation, or without sexual dreams *Con.*, copious, at night, with sexual weakness *Dig.*, in sleep, from sexual

* When more than *one* remedy follows an indication, the indication belongs only to the *first* remedy.

atony *Diosc.*, without erections, day and night, after injuries or after masturbation *Eryngium*, at night, with sexual weakness and without erections *Gels.*, *Graph.*, at night bloody *Merc.*, nocturnal with lascivious dreams *Nx. v.*, without erections, after urinating or when pressing at stool or during sleep *Phos. ac.*, frequent, at night, even following coition *Phos.*, followed by extreme exhaustion, occipital headache, etc., *Picr. ac.*, nocturnal, without dreams *Puls.*, followed by backache, dim vision, etc., *Sarsap.*, with sexual dreams, followed by weakness in the small of the back, or when walking, the discharge thin, without odor, neurasthenia from sexual excess *Sel.*, at night *Sil.*, *Stan.*, *Staph.*, with hypochondriasis, general irritability and depression *Ft.*

ENLARGEMENT OF PROSTATE: (*Ammon. mur.*), *Aspar.*, *Bar. c.*, *Na. su.*, *Rhus. arom.*, especially with piles, pains over the kidneys, etc., *Staph.*

ENLARGEMENT OF TESTICLES: Chronic, with induration and severe pains at night, dependent on chronic inflammation *Aur.*, with orchitis *Clem.*, with induration, especially after injuries *Con.*, from expressed gonorrhœa, with induration *Cop.*, with prostatity *Cubeb.*, with pain extending to abdomen *Jod.*, from gonorrhœa *Merc. cinn.*, with inflammation and pain in the cords, extending to abdomen *Nitr. ac.*, with great sensitiveness to touch *Phos. ac.*, with inflammation and painful drawings in the testicles *Rhod.*

EPIDIDYMITIS: The inflammation and swelling extend from the testicle upward, pains not—warm applications, generally with pains in the small of the back, chilliness, nausea, etc., *Puls.*

ERECTIONS: With numbness *Ambra*, nocturnal *Aur.*, severe, painful at night with contraction and sore pain in the whole of the urethra, persistent, without any voluptuous sensation *Canth.*, incomplete on of very short duration or lack of, from sexual nervousness of strong, healthy men *Con.*, persistent early in the morning in bed or during sleep, followed by involuntary emissions *Phos. ac.*, violent, persistent, day and night, at times with sexual desire and emissions, at others without any sexual desire whatever *Picr. ac.*, persistent and painful—lying on the back with tenderness in the spine, apparently the result of a strain *Rhus.*, with sexual dreams *Sarsap.*

ERETHISM, SEXUAL: With persistent sexual thoughts, often nocturnal emissions *Sil.*, *Stram.*

ERUPTION: Vesicular, on the scrotum and penis *Croton*, on the prepuce, sometimes with œdematous swelling *Graph.*, vesicular, which ulcerates and has an offensive discharge *Merc.*, with itching, redness, soreness and moisture around the scrotum and perineum *Petrol.*, moist, on prepuce and scrotum, which are swollen and inflamed, with intolerable itching *Rhus.*

EXCESS, SEXUAL, Effects of: Melancholia, loss of memory, numbness of the limbs *K. brom.*, *Sel.*, *Staph.*

EXCITEMENT, SEXUAL: *Canth.*, with weakness, emissions, erotic dreams *Phos.* See "DESIRE."

EXCRESCENCES: Offensive and bleeding on touch *Nitr. ac.*, soft, moist and offensive on penis *Staph.*

GONORRHŒA: *Alumina*, during the purulent stage, very profuse bloody discharge and cutting pain *Arg. n.*, effects of sudden suppression, coldness, strangury, etc., *Camph.*, great swelling of prepuce, etc. (immediately after Acon., provided Ac. has been indicated the first few hours), the discharge is less profuse than under Arg. n. and usually there is much less swelling and inflammation about the glans penis, though the excessive swelling of the prepuce has proved a valuable indication in some cases *Cann. sat.*, most intense suffering, sexual excitement, chordee, constant distress in bladder, discharge of blood *Canth.*, chordee, excessive burning, pain in prostate *Caps.*, thick yellow discharge *Cubeb.*, stranguary, prostatitis, inflammation of upper portion of urethra and neck of bladder *Dig.*, swollen inguinal glands, greenish mucous discharge, etc., *Merc.*, greenish discharge, burning pain and great tenesmus *Merc. subl.*; after the acute stage *Naphthal.*, strangury, constant irresistable desire to urinate *Petros.*, profuse slimy discharge or suppressed g. with vesital catarrh *Puls.*, thin greenish discharge and scalding during micturition, or repressed g., especially with rheumatism or inflamed prostrate *Thuj.*

GONORRHŒA, CHRONIC: Ang. m., with burning micturition, which is offensive, continued dribbling, smarting, burning, etc., *Erigeson*, *Hydrast.*, *Merc. cin.*, watery discharge, soreness and burning in urethra, particularly in its anterior part, sometimes with hæmaturia *Mez.*, especially after injections of Arg. nitr., cutting and burning after micturition, with glutinous moisture from the urethra, the whole urethra is sore *Na. m.*, *Na. Sulph.*, thick, fetid, purulent discharge *Sil.*, burning and smarting during micturition *Su.*

HÆMATOCELE: *Arn.*

HERPES: Of prepuce, which is sensitive and bleeds *Hep.*

HYDROCELE: *Ap.*, *Arg.*, *Aur.*, in children *Calc. c.*, especially with suppressed or scanty urine and albuminuria *Dig.*, *Graph.*, *Hydras.*, *Jod.*, *Puls.*, *Rhod.*, *Su.*

HYPERÆSTHESIA AND NEURALGIA: Of glans penis *Tab.*

HYPERTROPHY: See *Enlargement.*

IMPOTENCY: With coldness of the genitals *Agn.*, with emissions *Arg. m.*, premature *Bar. c.*, *Calc. c.*, *Camph.*, coldness of scrotum, tendency to atrophy of testicles *Caps.*, *Carb. sulf.*, from sexual excess *Chi.*, after sexual excess, flow of prostatic fluid with constipated stool or on the slightest motion, exaggerated sexual desire *Con.*, *Graph.*, loss of sexual desire, especially after chronic

gonorrhœa or cystitis *Lyc.*, with increased desire *Phos.*, with tendency to boils and carbuncles, threatening paralysis of the legs *Picr. ac.*, with lascivious fancies *Sel.*, *Staph.*, *Su.* See "WEAKNESS."

INDURATION OF TESTICLES: *Aur.*, with painful swelling *Clem.*, *Con.*, *Cop.*, with swelling *Jod.*, *Rhod.*

INFLAMMATION: Of prepuce *Arg. n.*, of prepuce with swelling *Merc.*, of sexual organs *Ap.*, of sexual organs increasing even to gangrene of the penis *Canth.*, of scrotum *Ars.*, of urethra with soreness and tensive pain during erections *Cann. sat.*

ITCHING: Excessive and even burning of external parts *Ambra*, of the scrotum *Caust.*, corrosive, of scrotum and glans—walking, with redness *Croton*, with moist eruption on scrotum *Graph.*, with moisture on the genitals, especially on the scrotum *Sil.*

MOISTURE: With soreness between scrotum and thighs *Bar. t.*, foul smelling, exuding from the glans *Thuj.*

MUCUS: Oozing of white, glairy, from urethra *Cann. in.*

NEURALGIA: Of spermatic cord and testicles *Berb.* (*Clemat.*, *Cimicif.*), of spermatic cord—slightest motion *Ox. at.*, of testicles *Puls.*, of testicles—walking *Zo.*

ODOR: Disagreeable, of the genitals *Sarsap.*

OEDEMA: of genitals *Ap.*

ORCHITIS: Testicles swollen, sore, hot, with bruised pain *Acon.*, *Ap.*, pain greatly—at night by warmth of bed, distress in urinating, from suppressed gonorrhœa *Clem.*, *Ham.*, resulting from mumps *Jabor.*, *Mere.*, *Nitr. at.*, metastasis of mumps *Puls.*, testicle indurated with a feeling as though it were being crushed, especially the right *Rhod.*, burning, stinging pain, metastasis of mumps *Staph.*

PAIN: in the spermatic cords, running down in the testicles *Ham.*, p. and swelling in the testicles and spermatic cord, especially on the right side *Puls.*, burning, smarting or tearing in spermatic cord, extending into testicles or into abdominal ring *Berb.*, burning extending backward when urinating, worse just after urinating, burning p. compelling him to urinate almost constantly *Cann. sat.*, burning and soreness in the glans penis and beneath the prepuce when urinating *Nitr. at.*, burning when urinating, followed by cutting and biting *Petros.*, burning in the penis *Sabin.*, burning between glans and prepuce *Thuj.*, bruised, as if crushed, in one testicle—pressure of clothes *Arg. m.*, bruised, in the testicles *Na. c.*, bruised, in the testicles and shooting along the spermatic cord—motion *Oxal. ac.*, bruised, as if crushed, especially in the right testicle, often extending to perinium and thighs or to abdomen *Rhod.*, bruised, squeezing in spermatic cord and testicles *Spong.*, drawing in the testicles *Rhod.*, drawing and tearing in the testicles, with inflammation *Staph.*, drawing in the testicles, extending along the spermatic cord *Zc.*, pressing in the testicles *Caust.*, shooting, tearing, along the spermatic cords to abdomen and thighs *Rhod.*, tearing in the testicles, extending upward *Puls.*

PERSPIRATION: Unnatural, on the scrotum and inside of the thighs *Thuj.*

POWER, SEXUAL: diminished *Calc. c.*, *Merc.*, weak *Bar. c.*, *Na. c.* See "Impotency."

PRIAPISM: *Canth.*

PROSTATITIS: Acute, with retention of urine and a feeling of a ball in the perineum when sitting *Chimaph.*, with thick, yellow, gonorrhœal discharge, especially in the chronic form, sometimes with swollen testicles *Cubeb.*, acute inflammation in chronic enlargement of the prostate, with gonorrhœa *Dig.*, with pink sediment in the urine *Lith.*, chronic prostatitis with more or less cystitis *Lyc.*, with gonorrhœa *Thuj.*

PROSTATIC (or seminal) FLUID: Discharge of, at stool or after urinating *Anac.*

REDNESS, soreness and moisture around the scrotum and perineum, with an itching eruption *Petrol.*

RELAXATION: Of genitals *Agn.*, with coldness of genitals *Diosc.*, with impotency *Su.*

SATYRIASIS: *Cann. In.*

SECRETION: Profuse, of an offensive odor from the glans penis *Hep.*

SEMEN: Thin, without odor, involuntary discharged during sleep *Sel.*

SENSITIVENESS: Of the right spermatic cord, with drawing up of the right testicle *Clem.*

SHRIVELLING: Of penis *Carbon. Sulf.*, of scrotum with itching—scratching *Croton.*, genitals becoming small and cold *Lyc.*

SMEGMA: About the glans increased *Caust.*

SORENESS: With moisture between scrotum and thigh *Bar. c.*, *Na. c.*, with burning in the glans penis and beneath the prepuce when urinating *Nitr. ac.*

STRICTURE: *Clemat.*

SWELLING: Of genitals *Ap.*, painful, erysipelatory *Ars.*, with pain *Canth.*, *Sublim.*, of the prepuce with burning pain and the development of small ulcers, exuding a bloody, offensive matter, with sticking and tearing pains—evening and night *Nitr. ac.*, of penis and scrotum, bluish-red, hot swelling of scrotum after injury *Arn.*, of the right half of scrotum, which is thickened and enlarged, together with the right testicle *Clem.*, of the spermatic cord, with soreness, especially following sexual excitement *Sarsap.*, of the right testicle with tensive pain, as if bruised *Aur.*, of testicles, very sensitive, with pain, extending along the spermatic cord, bruised pain with drawing and tension *Clem.*, of the testicles, painful, with induration *Clem.*, of the testicles with sensitiveness to touch *Cop.*, with induration of the testicles *Jod.*, of the testicles and spermatic cord

Phos. ac., painful of the testicles and spermatic cord, especially on the right side *Puls.*, of the testicles and spermatic cord with bruised, pinching, or squeezing pain, extending into cords, with tenderness *Spong.*, of testicles, painful *Zc.*

UCER: Of the prepuce *Aug. n.*, red flat on glans and inner surface of prepuce with sensitiveness and yellowish discharge or exudation of thin offensive moisture *Corall.*, with fetid discharge and stinging pain *Hep.*, small, excavated with tenacious exudation *K. bichr.*, gangrenous *Lach.*, bleeding, spreading rapidly—night with profuse muco-purulent discharge, swelling of inguinal glands, etc., *Merc.*, and erosions on penis and prepuce, exuding an offensive, bloody matter with sticking and tearing pains—evening and night the ulcers are elevated, with sensitive edges *Nitr. ac.*, chancroid *Thuj.*

URETHRITIS: With burning, biting pain extending backward towards bladder when urinating, with frequent urging to urinate, the urine is scalding, with spasmodic closure of the sphincter of the bladder, cystitis in consequence of gonorrhœa with bloody urine *Cann. Sat.*, with milky discharge, symptomy located in the fossa navicularis *Petros.*

VARICOCELE: *Ham.*

VERTIGO AND CONFUSION of the head after coition *Bov.*

VESICLES on the prepuce that ulcerate and burn and sting, becoming covered with a thick matter *Nitr. ac.*

WEAKNESS, SEXUAL: Of elderly people *Alumina*, emissions with heart symptony, faintness, weakness of limbs, great irritability, etc., *Dig.*, great w. and emissions without erections *Gels.* See "IMPOTENCY."

MEDICAL JURISPRUDENCE.

BY DAVID A. STORER,
Counsellor-at-Law.

PROFESSIONAL PRIVILEGE.

THE Court of Common Pleas, New York, General Term, in reviewing a recent case gives a very clear exposition of this subject. Opinion by Judge Prior.

The case was an action for damages, where plaintiff alleged injuries from the shoveling of the contents of its drip pans to a cart below, by the Manhattan Railway Company.

On the trial, the physician who had attended plaintiff was asked, "What did you discover as being wrong with her head on the 16th of July, 1889?" Plaintiff objected to the question and the Court excluded it, to which ruling the defendant duly excepted.

Judge Prior said: "The only conceivable ground for the rejection of the evidence is its assumed incompetency under Section 834 of the Code of Civil Procedure, which forbids a physician or surgeon from disclosing 'any information which he acquired in attending a patient.' But Section 836 provides, that upon an express waiver by the patient the evidence becomes admissable; and the question is, does the record before us exhibit such waiver by the plaintiff?

"Although the Statute prescribes an express waiver, the Court of Appeals has decided that it may be inferred from conduct; and that by making an attorney witness to a will a testator precludes his representative from objecting to the disclosure by the attorney of professional communications. So, if a party in his own behalf testify to a confidential interview with his physician, his adversary may call the physician to contradict the story of the patient (Marx *vs.* Manhattan Railway, heretofore discussed in these columns). In the latter case, so far from a disclaimer of his privileges, the patient strenuously asserted it on the trial; and contrary to his express protest, the Court raised a presumption of waiver.

"The thing forbidden by the Code is the disclosure of professional information, and the policy of the enactment is to protect patients in the free revelation of their maladies to their physician. But what if, in order to enforce a claim against a stranger, the patient himself promulgates the information and uncovers his maladies and infirmities in court; does he not thereby break the seal of secrecy and absolve the physician from the obligation of silence? Does he not in the strictest and most emphatic sense waive his privilege? Is it to be tolerated that to mulct another in damages he may influence a jury with a false or exaggerated story of his injuries and suffering, and yet a physician whom he has consulted is not to be allowed to prevent the meditated injustice by a truthful statement of the case? It is to be borne in mind, too, that here the physician was not called to reveal the ailments of the patient, but to prove that she suffered from no such injuries as she represented. Obviously her contention is as inconsistent with the object and policy of the Statute as it is fatal to the interests of justice.

"In McKinney *vs.* Grand St. R. R., the Court of Appeals held that when the condition of the patient is once disclosed with his consent, 'it is then open to the consideration of the entire public, and the privilege of forbidding its repetition is not conferred by the Statute,' declaring, as the ground of its decision, that 'the object of the Statute having been voluntarily defeated by the party for whose benefit it was enacted, there can be no reason for its continued enforcement."

"In Hunt *vs.* Blackburn, the U. S. Supreme Court, said: 'The privilege is that of the client alone, and no rule prohibits him from divulging his own secrets, and if the client has voluntarily

waived the privilege it can not be insisted on to close the mouth of the attorney."

"Although the precise point now presented has not been adjudicated, we have no hesitation in ruling that the offered evidence was competent and that it was essential error to exclude it."

MALPRACTICE.

The case of Link *vs.* Sheldon *et al.*, decided at General Term of Supreme Court, Fourth Department, and just reported, is of general interest to the medical profession.

Action was brought by Link, by his guardian, against Dr. Sheldon and another for malpractice, at Circuit Court of Onondaga County, where a judgment was entered on a verdict in favor of plaintiff. On appeal to General Term the judgment was affirmed.

The evidence showed that on July 25, 1890, plaintiff, about twelve years of age, was playing in the hay-loft of a barn and fell to the barn floor, a distance of about eleven feet, thereby breaking his right arm near the wrist. The claim of plaintiff is that defendants so negligently, unskillfully and improperly attended to the matter that plaintiff's hand became permanently injured and deformed.

The accident was in the forenoon of Friday and the defendants set the limb the same forenoon. The father of the plaintiff testified without objection, among other things, that on Friday night the plaintiff "was crying terribly. He said his hand pained him so he could not live through it; pained him same as if he had it on a hot stove." That upon the following day he saw one of the defendants and told him what pain the boy had been suffering. That upon the following night the boy "complained of a burning sensation; he did nothing but walk; he could not keep quiet; he walked around the house." The question was then asked, "Did he continue those complaints?" and the answer given, "Just the same—this burning; terrible burning pain." The counsel for defendants objected to that class of evidence as incompetent, improper and inadmissible, and to this the Court replied: "I think the exclamations of the boy are competent in this class of cases." The objection was overruled and exception taken.

The General Term decided that this evidence related to the condition of the boy while the defendants had charge of him, and concerning which they were informed when they called to see him, and that the trial Court followed the rule laid down in 99 N. Y., 136, where it was held that exclamations indicative of pain were competent, and proof of them was not confined to the time of the injury.

A witness for the defendants was asked the following: *Question*—"I would like to have you take the matter and state to the Court and jury what is the proper treatment of Colles' fracture, including the subject of splints?" *Answer*—"There may be half a dozen different treatments of Colles' fracture with the dislocation backwards. There are half a dozen theories and methods of practice with reference to this fracture. Some men have one method of treating, some have another and some another. If you will designate which method you will have I will tell you what treatment you want. There are a great many methods." Counsel for plaintiff moved to strike out this answer and the trial Court replied; "We desire his idea of the proper treatment of Colles' fracture. I think I will strike the answer out. That this is a difficult fracture to deal with may be assumed." Defendants excepted. The General Term upheld the trial Court that the answer was not responsive to the question.

Dr. Lee, an expert witness for the defense, was asked by the defendants' counsel: "Would you trace any of the results which you have heard testified to by Dr. Doyle to the lack of redressing on Monday night?" Objected to as incompetent and immaterial. Objection sustained and exception taken. General Term, in passing upon this exception, says: "Upon the Monday night following the accident the defendants called at the house where the plaintiff was for the purpose of redressing the arm. It was a disputed question whether the defendants were prevented from then redressing the arm by the parents of the boy, or whether they voluntarily postponed it to the next day. Upon the morning of the next day the defendants were discharged, and Dr. Doyle then redressed the arm and thereafter took charge of the case. He, in his evidence, had given a description of the injury as he found it on Tuesday, and of the subsequent treatment and results up to the time of the trial. The witness, Dr. Lee, had no personal knowledge of the case. He had, in answer to an hypothetical question, testified that the delay in the redressing from Friday evening to Tuesday forenoon was highly damaging to the boy. The question above set out was then asked. It not only called upon the witness to consider the evidence of Dr. Doyle as to the results referred to, but also the evidence of other witnesses which the witness had heard as to the condition of the arm on Monday evening and its proper treatment. In no other way could the witness judge of the effect of the lack of redressing on Monday night. The witness was therefore, in effect, asked to pass upon all the evidence upon that phase of the case. In this view the question was incompetent."

Counsel for defendants asked the witness, Dr. Lee, "How does it (referring to an ordinary Colles' fracture) occur in young people, usually?" This, being objected to, was ruled out, and properly so. The issue was not as to how such fractures usually occurred with young people, but

whether the boy fell upon the palm of his hand, thereby producing the ordinary Colles' fracture, or whether he fell upon the back of his hand, thereby producing a different kind of fracture or displacement.

Dr. Elsner, an expert witness for the defendants, after having given his opinion as to the proper treatment of a swelling in the palm of the hand, was asked: "Is this view you have just expressed sustained amply by the authorities?" This being objected to was ruled out. "The question indirectly called for statements from medical books and was not proper. This was upon the direct examination of the witness."

Dr. Elsner was also asked: "Do you trace the injury which now exists in that hand to tight bandaging?" This being objected to as incompetent and immaterial, was ruled out. "The question in substance was repeated, but with an hypothetical basis, and was answered. This gave to the defendants all they were entitled to have."

The defendant Sheldon, when called on his own behalf, testified that in his practice he had treated twenty-five or thirty cases of Colles'fracture. He was then asked: "With what results?" This was objected to by plaintiff's counsel as incompetent and immaterial, and the objection sustained. "If the results in each case that witness had treated could be gone into upon the one side they could be upon the other, and thus irrelevant issues be raised. Upon the question of general reputation as to skill, specific acts would not be competent. In Carpentent *vs.* Blake, 10 Hun., 360, it was held: 'The defendant can not be supposed to be prepared to prove the facts in regard to all cases which had theretofore occurred in his practice, and the inevitable effect of allowing such evidence would be to introduce before the jury a multitude of collateral issues, and thus tend to obscure and distract attention from the real issue in the case on trial.' It may be, as said by Judge Mullin—in 60 Bard., 518—that the fact that a physician or surgeon possesses skill, may be shown by those of the same profession who can speak from personal knowledge of his practice. This, however, would not authorize either party to inject into the case an issue as to some prior transactions as to whether the results, whatever they may have been, were due to skill or lack of skill."

The trial Court was requested by defendants' counsel to charge that "if the jury find the stiffness of the thumb resulted from its changed position from which the defendants left it, then the defendants are not liable." To this request plaintiff's counsel suggested: "That is a question of fact." The Court then said: "Yes, I think that is a question of fact for the jury." Defendant excepted.

"What the changed position was that was referred to was left indefinite. If by reason of defendants' negligence a change of position was necessary, it could not be said as matter of law that the defendants were not liable. The stiffness of the thumb was not the only injury complained of. The Court afterward charged at the request of defendants, that if the jury found upon the evidence that any part of the injuries complained of were caused by the acts or neglect of the plaintiff or his parents, or by those who treated the plaintiff after the defendants ceased to do so, there could be no recovery. In view of this the defendant's counsel can not complain of the action of the Court upon the previous request."

The defendants' counsel requested the Court to charge that "if the jury find from the evidence that the results complained of were not wholly caused by what the defendants did or failed to do, the plaintiff can not recover." To this the Court replied: "That, I think, I will not charge, because the original injury may have had something to do with the matter. If the original injury has been complicated—made worse—by the want of skill and care of the defendants, they are responsible for just as much additional fault as resulted from that want of care and skill." To this the defendant excepted. Thereupon the Court, at the request of the defendants, charged that "if the jury should find from the evidence that any part of the injuries complained of were caused by the defendants, and a part was also caused by the fault of the plaintiff or his parents, or others who treated the case after the defendant left it, then the plaintiff can not recover." "Taking these requests together, and the action of the Court thereon, the defendants have no grounds for complaint."

Defendants' counsel requested the Court to charge that "if the jury find from the evidence that the contusion or injury on the back of the hand produced an inflammation in the sheaths of the tendons, which spread to the adjacent parts, and that such contusion was an adequate cause for the inflammation, suppuration and stiffening which followed as a result thereof, and which do not develop at the surface for a period of from three to six days, then the injuries complained of are the natural results of the plaintiff's fall and misfortune, and the defendants are not liable." This the Court declined to do, saying that it was a question of fact on the evidence. Thereupon, at the request of the defendants, the Court charged that "if the jury find from the evidence that it is just as probable that the injury complained of was caused either by the original severe injury, or by the interference of the plaintiff's parents, or by the subsequent manipulations and treatment of Dr. Doyle, and others as from the pretended tight bandaging, it is the duty of the jury to find a verdict for the defendants."

"Taking these requests together and the ac-

tion of the Court thereon, the defendants have no good ground for complaint."

The defendants' counsel asked the Court to charge that "if the jury find from the evidence that the position and stiffness of the thumb was caused by the abscess spoken of by Dr. Doyle, in the palm of the hand, which was not opened by him, but allowed to gather and break and destroy the muscles and tissues in that vicinity, the defendants are not liable therefor." Also, that "if the thumb was drawn down by an abscess as spoken of by Dr. Doyle, and was not opened and the pus let out, but allowed to go on, then these defendants are not liable therefor, and the plaintiffs can not recover."

These requests the Court declined to charge and defendants excepted. "These requests assumed that the treatment by Dr. Doyle was not proper. That was a question of fact upon the evidence. Besides, the Court had previously charged, at the request of the defendants, that 'if the jury find from the evidence that any part of the injuries to plaintiff's hand and wrist were caused by the manipulations of Dr. Doyle, and the subsequent treatment of the same, the defendants are not liable, and the plaintiff can not recover in this case, and their verdict should be for the defendants.'"

"The case was exhaustively tried, and we find no error that would make it proper for us to grant a new trial."

Judgment affirmed with costs. All concur.

LIFE.

By B. F. Palmer, LL. D., Surgeon-Artist.

LIFE is the gift of God. It can not be prolonged beyond bounds varying not far from one hundred years generally; and, without understanding its laws and attending to the requirements of the organism, it will not continue, as the rule, in good *acting* condition far beyond fifty or sixty years.

From fifty to sixty, then, is the time to attend particularly to the physiological requirements of the *entire system*. Proper attention *then*, or prior to fifty, may continue good, as a rule, all the powers to eighty, to ninety, or to a hundred years, depending on circumstances.

HYPOTHESIS.—LAW.

In 1872 this was with me an hypothesis. It is now a law. From 1872 to 1892 I have critically watched, experimented and noted, and now I find hypothesis settled into fact, apparently, and I can not doubt the *truth as it appears in my own person.*

Nothing was known in 1872 of the law I have since formulated. I have been engaged fully twenty years in physiological, anatomical and histological research and personal experiments to ascertain the new truths. Harvey and Sir Charles Bell were about as many years on their great works. *I do not assume to stand as a scientist with such men*, but Hippocrates, Aristotle, Celsus, Galen, Servetus, Harvey, Paré, Taliactius, Hahl, Swedenborg, Boerhaave, Babington, Bichat, Cuvier, Frére Jacques, Bell, Jenner, Hall, and from their illustrious followers, I *do* claim to have learned to appreciate *their advance teaching*, and to have by them been enabled to reach the point from which—*since they all died without having taken it*—I take the one step further. Their life-long struggles to establish the grand truths they taught afford me the light by which I take the advance step.

I think that a providential circumstance not vouchsafed to any of these great men, but reserved for me, a very humble mortal, is to be noted, as the occurrence which, if theirs, not mine, would have enabled any one of those men to take the step I now take; for I am certain that without it I never could have *imagined* what I now *feel* and *know*. And it is *upon* what I feel and know that I base my theory; and I claim to know nothing unusual *beyond* what I feel and witness in my own person. I am ready to show to any person the evidences upon which I build my law.

Life, physiologically, was perfect from birth to *ten* years of age; wholly abnormal from ten (eleven) to *forty-seven;* and now, at sixty-eight, is again normal.

HOW HAS THIS BEEN ACCOMPLISHED?

About the year 1872 I conceived the idea that nervous affections, so-called, are often, *very often, falsely* so called, and that the nerves are normal and *performing their exact functions* when they are charged with great misconduct. The physician finds them a good scape-goat, and all the organism finds them a ready pack-horse, with panniers equal to any requirement of *complaints to the sensorium!*

In my case the great tibal from the phantom foot would telegraph, "Pain, pain, all wrong!" The physician said, "Here, *feel* its own story! The nerve is all wrong and it tells you so."

It told nothing of the kind. And when I asked "*What* is all wrong?" it answered, "The entire end of the stump, and all above it to the wall of the heart."

"Are *you* all right?" said I.

"Yes!" said the nerve. "What is to be done?" "Pour *life* into the dead tissues; put motion into the stiff knee; tear up and apart the chronic adhesion in the knee, thigh, the ischio-rectal fossa, and all the way up to the heart."

Now, that is what I have done. To have done it all at once would have been *death in a week at longest.* To have done it in a year might have

been fatal in that time; for once when I had been years in the experiment I made a rent (about the peritoneum) which incurred greater pain than I could bear without a hypodermic anodyne, and in 1888 I tore apart an alliance which caused internal hemorrhage and infiltrated the tissues until the skin was made black for two months (while the blood was being absorbed). The tearing and breaking up of adhesions had to be done slowly, and lymph had to be poured in after each operation to heal the wound.

LYMPH is the life of the tissues *and of the blood.* The blood does *not* elaborate the lymph, but is vitalized by it. So great a man as John Hunter said: "Lymph is an excrementitious fluid; and, since his time it has been considered as not better than recrementitious, at best, and is now spoken of in the text-books as a "crude fluid," requiring the refining action of the arterial blood *to "fit it for use* in the tissues." It is the life-element of the blood and if the supply of lymph (not style) from the receptaculum, the thoracic duct, the great trunk and the lacteals should be cut off, the black blood, as it leaves the capillaries, would be unfit to re-enter the heart, and *heart failure* would ensue. The blood in its morphological elements has no vitalizing properties, and is only the vehicle by which, and *in* which lymph, the life-fluid is carried to the tissues; after distribution, such part is returned as is not used in them. To this is added the continuous flow from the lacteals. Lymph is perfected chyle, finally sublimed, after it passes from the alimentary canal in the lymphatic glands of the lacteals, and in all of the mesenteries from the prime mesentery of the small intestine to the meso-cæcum, meso-colon and meso-rectum. From all these points pure lympth enters the tissues of environment *without need* of first entering the blood. By exosmosis, and by endosmosis, it permeates the tissues of composition and of repair; by endosmosis it enters the veins, and its *surplus* is in various ways sent to the heart. But that portion from the prime mesentery which is poured from the lacteals into the thoracic duct so near to the heart, *must pass to the heart and lungs* before it can enter the tissues. I think this supply from the first depository of lymph below the stomach (filled by the small intestine) is a prudential action of Nature to enrich the venous blood before it enters the heart, in case there is no surplus to reach the receptaculum and flow out through the thoracic duct to enter the black blood so near the heart's portal. If the lymph transuded from the capillaries should be *wholly* needed and consumed in the repair of tissues, there might be none to fill the right trunk or the thoracic duct, and the impoverished blood would return to the heart bearing no vitalizing fluid *sufficient to endure heart-action* if it were not for the supply which is not permitted to enter the tissues till it has passed the heart and lungs. The heart *mixes the venous blood and lymph,* and the lungs oxygenize the fluid; the oxygen and lymph having affinity unite in growing the red color to the arterialized blood, which color is lost at the capillaries when the vital elements, lymph, oxygen and white corpuscle transudes the walls to impart life to the dying tissues.

This being a true view, the alimentary canal enables the mesenteries to supply its environment without need of gathering lymph from the blood, while the limbs must have supply from the arterial blood. Aristotle was right in teaching the *direct* use of nutriment from the alimentary canal and in finding the perfect tissue nutriment in the mesenteries; and the grand truth that stood for nearly two thousand years and then fell under the new teaching of Harvy, must again be taught and recognized.

I am reluctant to call in question the triumphs of so grand an explorer of the system as Harvy, but truth must be recognized, fall as it will, and I am led to see that he did not do *so much* for science as has been claimed for him. It is certain that Galen taught a kind of circulation little different from that of Harvey (though not the same). It is true that Colombo was close upon the truth told us by Harvey, and that Servetus taught the same truth as Harvey before him, as to the *pulmonary circulation,* from which it was made easier to proceed on, and it is true that some of the eminent men who opposed Harvey were right and he wrong in very important matters, especially as to the anastomosis of the arterial and venous vessels, which Harvey denied, and declared that the arterial blood passed from the arteries into the tissues, and there gave off the vitalizing fluid, then entered into the veins. We know now that death would ensue if such a condition should be found, and that a stump can not heal while there is extravasation of blood.

What Harvey needed was a more powerful microscope, which was made soon after his time when Lecumenbeck and Malpighi saw the capilliaries, which *completed the circulation,* as in them the arterial ends and the venous flow commences.

To keep life normal and intact is to take care of the human system (assuming it to be sound), by keeping a stream of lymph pouring into and out of the heart, and from the mesenteries of the alimentary canal into the tissues of its environment through the body, as taught by Aristotle.

I am now daily amazed to witness the continuing development of the left leg and arm. All that side is continually increasing in size and power.

The mental brain at the head and the dynamic brain at the foot of the spinal column now act in harmony; the will-mandate from the base of the cranial moves the powers of the pelvic system,

and from the great sacral environment the new-found power actuates the motor-enginery *downward* (along the sciatic and other nerves), *upward* and inward, so that the whole organism is made to circulate and to utilize the life-elixir—LYMPH.

[EXPLANATORY NOTE.]

In the year 1885 my left foot was caught in a bark mill, and the great gathering-in fang tore, first the os calcis from the astragalus, then on up the leg to the head of the fibula, crushing the bones and leaving the skin, fasciæ, muscles, tendons, arteries, veins, nerves and all the tissues in one tangled, heterogeneous mass.

I was ten years of age. Ether was not then known as an anæsthetic agent, and, after suffering many hours, I was placed on the table. By my request I was not held by the assistants, and the surgeon performed on me his first amputation without drawing a moan from me or a motion. A circular amputation; without flaps, the ends of the bones had to be covered by granulation, and in a full year healing was not completed. Pus burrowed all the way up to the body. From the point of amputation (two and a half inches below the knee), in the winter of 1835-36, blood-poisoning commenced its fearful work. On a crutch I walked to school a long distance, snow often being two feet deep and the mercury forty-five degrees below zero. The leg was icy cold. Great, deep-seated abscesses formed in the popliteal space, which, opening, disclosed the great nerves and tendons. The knee-joint was flexed and stiff, and so continued till 1872. The development of the thigh was arrested, and at forty-seven years of age was but little larger than at ten. About two years (less than two) after the amputation the blood-poisoning seized all the tissues of the left ischio-rectal fossa, and an enormous abscess formed there about the iliacus muscle, which finally opened and became a source of great evil. The abscesses in the popliteal space left scars one and one-half inches long, which still remain.

The burning and internal throbbing continued in the perineal fossa, and, increasing, became intolerable in 1872.

About 1850-51-52-53 the great and noble surgeons, Profs. Thomas D. Mütter and Joseph Pancoast, did all they could, but without avail. The *cause* was not suspected. No greater, no better physicians lived than these eminent men, whom I had the honor—a great honor—to know as friends, and who expressed great sorrow in not being able to find or to remove the cause of my unrest, anxiety and pain.

I then gave up the hope of relief—got on as best I could to 1872; then I could not longer endure the strain, and applied to another physician, who is *now* as prominent and as justly eminent as any in Philadelphia, or perhaps in the country. He, too, could not imagine the cause of my serious complaint, and advised me to put the matter out of mind.

I suggested to him the idea of a course of treatment which might enable me to extend the knee (stiff from 1835 to 1872). He thought it not *possible*, advised me to abandon the idea and go on as I had gone. I *could not*. I feared nothing worse than I felt, and went vigorously about the matter, after my good friend had kindly given candid advice, coupled with *warning*—not to go about the experiment as I proposed.

The result is much better, all-in-all, than I dared hope in 1872. *All* of the troubles are gone, and my knee-joint is as good as its fellow, the thigh as well developed, and I walk with comfort *on the end of the stump*, which from 1835 to 1872 was as tender as the eye.

The old centers of pain are now seats of pleasure, and the left side entire, which had been abnormal and an embargo upon the right side, dragging it down, now comes to its aid, and sympathetically and otherwise aids the whole organism from head to foot. I am thus again fitted for renewed life, and hope for at least twenty years of active service, in all of which to thank God for so marvellous a deliverance from pain and for the perfect comfort I now feel in all of my organism.

CLINIQUE.

AMONG THE JOURNAL CONTRIBUTORS.

(First Paper.)

By Sheldon Leavitt, M. D., Chicago, Ill.

IN THAT excellent journal, the *American Gynecological*, for August, Dr. C. W. Coulter contributes a paper which was read before the Alumni Association of the Western Pennsylvania Medical College, which, had it appeared in some obscure journal, I should not have noticed.

I admire the care with which the cases have been recorded and tabulated, but for the conclusions which the writer has drawn from the data which his note-book furnishes I have some well-meant criticism. Following are extracts from the table given in the paper:

Born at full term, 177; premature births, 13; still births, 9; breech presentations, 7; brow presentations, 1; foot presentations, 2; prolapsed funis, 2; puerperal eclampsia, 3; lacerated perineum, 2; maternal deaths, 2.

How does the doctor know that he had so many cases of premature births? What are the proofs of prematurity? These will prove hard questions for him to answer. We have no right to say that a labor is premature merely because the woman overruns her computed time. One of the thirteen was a case wherein premature labor was induced.

He reports a surprising number of still births—about five per cent. There must have been something wrong either in the management of the cases or in the astral influences; most likely, I suspect, in the former.

His experience ran in adverse grooves, for we find that he had nine pelvic presentations, seven of them breech and two feet, in less than two hundred cases. I know a practitioner, of considerable business, who had been in practice for eleven years before he ran across such a presentation. Dr. Coulter exceeded the average about fifty per cent.

We occasionally hear of "brow presentation." What is it? Merely a cross between face and vertex. The head, which probably presented by the vertex, is allowed to become extended, with the result mentioned. Brow presentation can not become fixed above the brim, and, if found in the pelvic cavity, it should be forcibly converted into vertex presentation, preferably by means of the hand, if necessary, by means of the

forceps. A face presentation with the forehead to the pubic arch and the chin on the perineum does not constitute brow presentation.

Besides these, he had of unusual cases two of prolapse of the funis and three of puerperal eclampsia.

In truth he had an unusual congregation of difficult cases, and yet we are startled by the statement that among them all he had only two cases of lacerated perineum. I am very glad that this report was not made by a disciple of Hahnemann, but since it comes from a so-called regular, I suppose we poor homœopaths are expected to accept the statement without a symptom of incredulity. But I am disposed to raise a question; in fact, I do not hesitate to challenge the veracity of the figures. Either the doctor willfully misrepresents (and of course he does not), or he himself has been woefully deceived. If he means to say that he had only two cases of laceration of the second or third degree I can accept the statement, for this corresponds more closely with the experience of the rest of us poor doctors; but there are too many accoucheurs who declare that laceration of any degree is and should be a rare accident in their practices. I have had sufficient observation and experience to convince me that moderate lacaration of the perineum is exceedingly common in the practice of all and must continue to be so. But mark, when I say laceration of the perineum I mean a solution of continuity involving any part of that quadrangular body which we know by that name. "Of course," some one says, "laceration of the fourchette frequently occurs, but I do not count that." Right here is found an explanation of the main difference between the claims of accoucheurs with respect to this question. Let practitioners of this sort bear in mind that the fourchette is a thin strip of mucous membrane within, and not forming a part of, the posterior vulvar commissure, constituting the superior boundary of the fossa navicularis, and is not visible until the lips of the vulva are drawn apart.

In conclusion let me say that one per cent. maternal mortality is too great for private practice. Homœopathic practitioners can make a better showing than that, but Old-School authorities do not accept our statistics because we get all the easy ones, you know,

In a recent number of the *British Gynecological Journal*, Dr. J. H. Thompson has some practical observations on the influence of concealed rupture of the perineum in the production of puerperal fever. "In making dissections on the cadavers of nulliparous women," he says, "I have found the center of the perineal body to be occupied by a comparatively large lacuna, which communicates directly with the lymphatics of the uterus and peritoneal cavity." This being true, we understand how easily a woman may become infected, and, this being true, we have therein further confirmation of the claim, which I have repeatedly made, that all cases should be carefully searched for lacerations, and all lacerations found should be immediately closed. Those who do not make painstaking ocular examinations of their cases on the conclusion of labor, have no idea af the frequency of the kind of rupture to which Dr. Thompson alludes.

Mr. McArdle in the *Dublin Journal of Medical Science* for March discusses "The Frequency of Fæcal Fistula Following Removal of Abdominal Tumors," and mentions among the causes, rupture of the bowel during operative procedure. This reminds me of an amusing incident of my visit to Lawson Tait two years ago. This eccentric operator had been digging out, with great energy and many grunts, some firmly adherent appendages, and on withdrawing his fingers from the peritoneal cavity said, with a twinkle of the eye, but an unruffled countenance:

"Would you be surprised if I should tell you that my fingers have been in the rectum?"

We avowed in substance that we should not be surprised at anything from him, and thus ended the laconic conversation. We afterwards learned that fæcal matter came from the drainage tube for a time, but the fistula soon healed and the woman recovered.

Dr. Rowland G. Freeman, Pathologist to St. Mary's Hospital, New York, discusses the question of sterilization, or pasteurization, of milk at low temperatures, and in his article takes occasion to say of the common methods of sterilization, "that, after an experience of six years with milk so prepared, the general verdict of the profession is, I believe, that while sterilized milk is most valuable in the treatment of gastro-intestinal disorders, it is very often unsatisfactory when used as a regular food, seeming for some reason not to fulfill the condition of perfect nutrition. Analysis explain this, in a measure, by showing that various chemical changes take place in milk between 75° C. (167 F.) and 100° C. (212 F.), and that these changes become more marked as the temperature becomes higher."

Again he says: "From what has been stated, one may conclude that a temperature of not less than 70° C. (158 F.) will render milk sufficiently germ-free for infant food, and that a temperature of less than 80° C. (176 F.) will not injure the milk materially."

He then goes on to describe an apparatus for the purpose of pasteurizing milk, which is simple, and therefore easily employed by the nurse or mother.

In the same number of the journal appears an article taken from the *Bacteriological World*, entitled, "How to Sterilize Milk," in which the writer says: "We have made many experiments, and from our experience can confirm the results

of many observers who have given attention to this subject, that the complete sterilization of milk is a matter of no small difficulty. Milk, which has been boiled for half an hour once or twice each day for several days in succession, will keep for a number of days, but ultimately sours. This is due to the fact that some of the germs contained in milk are particularly hard to kill, and require a temperature above that of boiling milk."

This writer found that, by adding salt to the water, the temperature could be raised and the milk thoroughly sterilized. Milk thus treated was kept for months without change. "The efficiency of the salt solution," he says, "is due to the fact that its boiling point is 227° F., while that of milk is less than 200° F."

Old women have long told us that scalded milk is good for diarrhœas, and my own opinion is that treatment of the milk to high temperatures proves beneficial, not so much because it kills disease germs, as because of certain chemical changes which are thereby wrought, and certain other chemical thereby prevented. In my opinion, it is not well to keep a child on sterilized milk for any prolonged period. A return should be made, as soon as possible, to the unsterilized, good, old-fashioned milk, which is the baby's natural food.

Tobacco users will find a grain of comfort in the results of certain experiments made by Dr. Tassinari, who, according to the *Medical Record*, has been studying the action of tobacco smoke on the germs of cholera, anthrax, pneumonia and typhoid. He lined the interior of hollow balls with gelatine containing the germs of those diseases, and then passed tobacco smoke through them for a period varying from ten to thirty minutes. Though various kinds of tobacco were used in the experiments, the invariable result was destruction of the germs of cholera and pneumonia, while those of anthrax proved more resistant, and those of typhoid were little affected.

True, my friends, but while the tobacco smoke is killing these disease germs in the mouth of the smoker, what is it doing to the living cells of the vital organism? Serious harm, I ween.

STRETCHING THE SCIATIC NERVE UNDER COCAINE.

By J. B. Griffith, M. D.,
House Surgeon, Ward's Island Hospital.

J. H., was admitted to this hospital some months ago suffering from sciatica of an aggravated form, for months he had been unable to lie down and would sleep bent over in his chair or upon his knees. The entire limb was much swollen and exquisitely sensitive to touch. Medical treatment failing to relieve, patient was at his request transferred to surgical ward to try nerve stretching. As he had fibroid phthisis, an organic heart lesion and a weak cardiac impulse, both ether and chloroform were contra-indicated. Still being anxious to afford the man some relief if only temporary, it was decided to try and stretch the nerve under cocaine. The lower operation was selected, ether spray used on the skin, nerve cut down, to between the biceps and semi-tendinous and semi-membranous muscles, and forty minims of a five per cent. solution of cocaine injected into nerve-trunk. After waiting a few minutes the nerve was pulled upon in both directions and the exposed portion likewise stretched. The first pull occasioned some pain, but by waiting a few moments more no further pain was caused, although all the strength at operator's command was used. The wound was sewed up and healed kindly. No constitutional disturbance was caused by the large amount of cocaine injected While the operation has not resulted in a cure the pains have not been as intense as before the operation, which is reported because as far as the writer is able to learn it has never before been done under cocaine. The idea of using cocaine in this way originated by reading in H. C. Wood's "Therapeutics," that Drs. Hall and Halsted had observed that cocaine injected into a nerve-trunk paralyzed sensation over the whole distribution of the nerve for twenty-five minutes; they used thirty-two minims of a four per cent. solution, and this produced severe constitutional disturbance which was not the case in this instance.

DIETETIC THERAPEUTICS.

Some Common Errors in the Feeding of Young Children.—In a lecture reported in the *Practitioner* for July, 1891, Dr. Cheadle draws attention to certain points in the feeding of infants in regard to which faulty and injurious practices prevail. One of the most frequent sources of disaster is the sudden weaning with the use of fresh cow's milk and water. The massive curds formed from cow's milk are frequently beyond the feeble digestive powers of the infant. Dilution will partially remedy the matter, but can not, as a rule, be carried to a sufficient extent without unduly increasing the bulk of the food. The clots, by decomposing, cause colic, vomiting and diarrhœa. Boiled milk is not only to a certain degree sterilized, but clots less firmly than raw milk. Children should be weaned on boiled milk and barley water. In the case of very young or delicate children, however, the milk should always be peptonized at first, a proper degree of dilution being observed at the same time. There is danger here of another grave error—the prolonged use of artificially digested foods. While these preparations do excellent service in the case of children just weaned or with small digestive power, they are not proper for continued use. The power of digesting casein becomes gradually less, nutrition is impaired, and the child tends to become flabby, anæmic and soft in bone. Still another error consists in the furnishing of an insufficient gross amount of nutritive material. A child may be unable to digest a mixture of milk unless highly diluted, but the capacity of the stomach being limited, it may be impossible for it to take a sufficient quantity of such a mixture to supply the material required for growth and nutrition. The difficulty may be overcome

by the addition of cream or some good preparation of meat juice, the quantity of milk being increased as the digestive power develops. Food deficient in fat, as well as that deficient in protein, is certain to cause trouble. Fat especially is of great importance in the food of young children. Those deprived of these two elements are often large and fat, but flabby, anæmic and rachitic; yet most of the artificial foods upon which children are so largely fed are almost wholly lacking in fat and to a less degree in proteids. The presence of an antiscorbutic element in the food is also a matter of prime importance. Fresh milk contains the element in sufficient quantity, but all farinaceous foods, and all the dry artificial foods, are decidedly deficient in this regard. They require the addition of some fresh element to supply the antiscorbutic quality. Dr. J. W. Kyger writes to the *N. Y. Medical Journal* (Nov. 21, 1891) that, as an antiscorbutic for children, he has found nothing equal to fruits—especially the peach, which contains over seven per cent. of pectous substance, and when perfectly ripe dissolves in the mouth by simple pressure of the tongue.

The Morphology of Breast Milk and the Nutrition of the Child.—An extensive study by Ivanoff (*Thése de St. Petersburg*, 1890) of this subject led him to the following conclusions:

1. The cellules of colostrum are of epithelial origin.
2. The multiparæ colostrum changes to milk more rapidly than in primiparæ.
3. Puerperal diseases retard the disappearance of the colostrum corpuscles.
4. These corpuscles reappear in the milk after ten months of lactation, and when the infant is only partly fed from the breast.
5. The free hyaline corpuscles, as well as those which are enclosed in the fatty glubules, form a constituent of normal milk at a certain period of secretion.
6. Good health, good nutrition, and youth in the mother give a milk richest in fatty globules of large size, as is also true of the cellules.
7. The last portion of milk taken at a feeding holds fewer globules, and these of smaller size than the first portions.
8. The estimation of the nutritive quality of milk should be based upon the number of fatty globules; and, secondarily, upon their size, the quantity of cellular element, and, finally, upon the quantity of granules.
9. Milk which contains a very large number of fatty globules (more than 3½ per cent.) is not well borne by very young infants.
10. Milk, the globules of which are large, is less nutritive and less well borne.
11. The maximum of daily increase of weight of the child is produced by milk which contains a mean quantity of fatty globules of medium size (27.7 grammes daily).
12. The milk which contains few fatty globules gives little increase of weight (16 grammes daily); and the same is true if the fatty globules are in too great quantity or are too large (19 grammes daily).
13. Women who are thin and young in general are the poorest nurses, often making the children dyspeptic and giving them a mean daily increase of weight of only 11.5 grammes.
14. The microscopic examination of a freshly secreted milk gives a sure indication of its nutritive value.

Celery for Rheumatism and Gout.—Probably no class of people suffer more with rheumatism than farmers, and yet the remedy for this dreadful disease is, or should be, right at hand. If celery were eaten freely, sufferers from rheumatism would be comparatively few. It is a mistaken idea that cold and damp produce the disease; they simply develop it. Acid blood is the primary and sustaining cause. If celery is eaten largely an alkaline blood is the result, and where this exists there can be neither rheumatism nor gout. It should be eaten cooked. Cut it into bits and boil till soft in as little water as possible. Add to this half as much milk as there is water in the celery, thicken with flour, and season with butter, pepper and salt. If you cook it nicely and give it a fair trial, you will as soon leave potatoes out of the daily bill of fare as celery. It is nice as sauce for any kind of cold meat or fowl, or for roasted poultry or game of any kind. Children will like it poured over boiled potatoes, or it may be drained from the sauce, mixed with mashed potatoes, formed into little cakes and browned. A ready-witted woman will find numerous ways of using it.

Dietetic Management for Digestive Disturbances in Children.—Dr. G. Rheiner, in *Wiener Klin. Woch.* (*Therap. Monatsh.*), warns above all against beginning the treatment of digestive disturbances in children with drugs; the dietetic management is and will remain the most simple, as well as by far the most rational. A child that manifests moderate gastric disturbances shortly after being weaned, should again be nourished from the breast, in order to quickly relieve it from its digestive difficulties. In cases of gastric dyspepsia occurring in bottle-fed babies, Rheiner warmly recommends washing the stomach, as introduced by Epstein, of Prag. After this procedure the digestive powers of the stomach will probably remain weak for a few hours, and for a short time it will be necessary to replace the water lost by the body by a suitable diet. As such, albumen and water (the white of an egg to a pint of water), barley water, or a very weak infusion of tea, suggest themselves. In intestinal dyspepsia we should carefully guard the stomach against disturbing influences. For this reason anti-diarrhœal mixtures should not be at once administered; we should rather order an exclusive diet of milk and barley gruel to a suitable proportion of water. Here the constipating qualities of barley gruel are valuable as compared with oatmeal gruel; the latter, used in constipated infants, will, as a rule, bring about two or three loose evacuations per day. In closing, the author emphatically remarked that in many cases we can get along altogether without drugs.

Diet.—Without doubt much of the brilliancy and success of medicine depends upon a proper solution of the food question. When and what a physician allows his patients to eat have much to do with the time and degree of their recovery. In speaking of food, it should be especially remembered that it does not consist of meat and drink alone, but also of air; and that a full respiratory diet is absolutely necessary to the utilization of a full alimentary diet. The man who has a big stomach, that pleasantly accepts and digests a liberal diet; big lungs that readily oxygenize the blood of a powerful circulation, is said to have a strong nutritive organization, and his chances to retain a hold upon life are correspondingly great. The maintenance of this organization depends upon the amount and quality of the food inhibited. The sick person whose organization is below par, has a more absolute and immediate need of food than has he who is well. Hence the prohibition of food to the sick, for fear of its own power, or for its being incompatible with the medicine given; and its consequent starvation, should at once and forever be banished from practice.

Hunger, the herald, comes day or night, bearing the demands of the body; nor does it come too soon, or before the food is needed. Therefore, a judicious gratification of hunger must be directly in the line of cure, and be itself unattended by dire results. A well fed, well nourished organization will stand the ravages of disease to a much greater advantage, and offer increased chances of ultimate recovery. From this we argue, that the sick should be fed liberally, upon the very fat of the land, and that the first and greatest care of the physician should see to it that his patient gets this liberal diet and that his stomach is kept in order to receive it and to digest it.

The New York Medical Times.

A MONTHLY JOURNAL

OF

MEDICINE, SURGERY, AND COLLATERAL SCIENCES.

EDITORS:

EGBERT GUERNSEY, M.D. ALFRED K. HILLS, M.D.

Business Communications should be addressed, "Publishers, 528 Fifth Ave.," and Checks, etc., made payable to THE NEW YORK MEDICAL TIMES.

Published on the First of each month.

OFFICE: 528 FIFTH AVENUE, NEW YORK.

NEW YORK, OCTOBER, 1892.

Changes of standing advertisements and communications in regard to that department, should be addressed to BENJ. LILLARD, Advertising Manager, 73 William Street, N. Y.

THE LESSON OF THE HOUR.

METAPHYSICIANS and alienists, as has been shown by the recent exhibition of insanity at Fire Island, have utterly failed in attempting to define its border line, for a wilder more unreasoning display of cowardice, with the development of the most cruel and selfish instincts of the brute creation, it would be difficult to imagine. This display of unreasoning fear and brute passion alike among the rich and the poor, the illiterate and the educated, brings us face to face with the fact that within us all, to a greater or less extent, are the hereditary germs of the brute ancestors, from whom during the progress of ages the human race has been evolved. The very name of pestilence or plague seems to be enough, in nine cases out of ten, to create a panic and obliterate every feeling of humanity, leaving only the thoroughly selfish in the ascendant. We do not suppose the majority of the inhabitants along the Great South Bay of Long Island, in their recent disgusting display of unreasoning selfishness, were much worse than the majority of their fellow-beings if placed in the same position. We have seen, not alone in this case but in a hundred others, how a panic, with or without danger, unsettles reason and turns too often the otherwise kindly, intelligent and apparently unselfish human being into a wild animal.

In the special case under consideration the authorities found themselves suddenly in an emergency for which no provision had been made, and yet which required the most prompt action. Steamers had arrived with cholera among the steerage passengers. Not a case had occurred in either the first or second cabin. The steamers were pest ships, and of course must be fumigated and the passengers detained somewhere until all danger of carrying the germs to the city had passed. The cholera cases were a once taken to the hospitals on Swinburn and Hoffman Islands. It was in strict accordance with sanitation, science and humanity to separate the ill-fed and filthy of the steerage, among whom the plague had originated, from the cabin passengers, among whom there had been no sickness, and send all away from the pest ship to some place of refuge until the danger had passed. The general government at once came to the front and barracks and tents were placed on Sandy Hook for the steerage passengers, and through the energetic action of the Chief Magistrate, an island miles away from the main land was purchased by the State, partly because of its complete isolation and partly because of the ample accommodations of a large hotel, to receive the passengers of the first and second cabins of the pest ships then in the harbor and those which might subsequently arrive. Bear in mind the cholera had been confined entirely to the steerage, the ship had been thoroughly fumigated, there was not a case of sickness among the passengers removed, and that the hotel on the island was placed under the most thorough sanitary regulations, all the refuse cremated, and all the excretions and the slops which might contain the germs disinfected, so that not a microbe could find its way into the ocean tide which washed the island on every side. We can not account for the panic which seized the inhabitants of the adjacent shore and the disgraceful scenes which followed, except on the ground that in the process of evolution so few of the human family have been so far evolved into the higher life as to give intelligent reason such unclouded action as to obliterate or at least triumph over the selfish instincts inherited from our brute ancestry. Thousands of our best citizens justly loud in the condemnation of the unreasoning selfishness displayed in the recent panic, and who would repel with indignation in the burning words of the Hebrew, "is thy servant a dog that he should do this thing?" the slightest possibility of his ever being guilty of such action, would, judging from past history in nine cases out of ten, yield to the same influences and be guilty of the same acts.

It is a sad commentory upon human development that in the thousands of years of progress of the human race, in spite of the teachings and lives of Zeroaster, of Buddah and of Christ, so

many of the unreasoning elements of the brute creation, dormant it may be at times, only require a spark, a word, to kindle into rage. This lesson of the hour, in which slumbering instincts of our being are roused into energy and brought into the full strong light, if studied aright may give us all strength by teaching us the frailties of our nature and the necessity of being ever on the guard to control them.

PHYSICIAN, PRIEST AND LAWYER.

THERE are times when the physician may be required, in the interest of justice and humanity, to perform the duties of priest and of lawyer, and should always be able to meet the emergency with promptness and intelligence. A few days since a leading physician in a neighboring city, called to a case where the attack was sudden and the danger so immediate as to be apparent even to the patient, was startled with the look of despair and the heart-breaking expression of the dying man. "Oh! the wrong, the injustice; why did I not make my will before; but it is too late now!" "Not at all too late," was the prompt reply of the physician, "dictate to me the disposal you wish to have made of your property." In two minutes the wishes of the dying man were committed to paper signed by himself and two witnesses, and as valid a will was made as if it had been prepared by the most eminent legal authority. In less than half an hour the man was dead, but the physician, with his legal knowledge, had brought peace to the dying by rendering him able to do justice to the living. I am not afraid of the future, said one who had stood foremost among the business intellects of the world, but it is that fearful death struggle, in which the soul is torn from the body amid the anguish of gasping breath and failing strength, which appals me. But there is no such tearing of the soul from the body, we replied, there is no death struggle and no anguish. As with failing strength, the blood slowly ceases to be arterialized, the retained carbonic acid slowly overpowers sensation and life goes out with the quietness of sleep, to which death is so aptly likened. When death came it came to him as it comes to nearly all, without fear and without pain, and we felt, as we looked upon the face which seemed radiant with the repose of death, that possibly we had performed the function of priest in soothing the last hours of the dead man as effectually as the surpliced priest or the mitred bishop.

The Roman Catholic Church considers baptism of the utmost importance to the future of the soul, and in the absence of an ordained priest it is still a sacrament with all the benefits which accompany it though performed by a layman. It is the duty of the physician not only to respect the religious scruples of his clients, but in a matter of faith to which they attach so much importance and which is at least harmless, to aid them as far as possible. In case of sudden death to the child during the process of labor or immediately after, and in any case where there is no time to call for priestly service, it is the duty of the physician, if so requested, to perform the sacrament of baptism by making on some part of the body the sign of the cross and repeating mentally or verbally the formula of baptism, "In the name of the Father, the Son, and the Holy Ghost." The physician should always be prepared to perform, in cases of emergency, those duties which usually pertain to the clerical and legal profession, so far as may be in his power, until those services can be obtained. Often in a position where prompt action is absolutely necessary, and where tact and intelligence for the time being will bridge over a serious difficulty, the physician must not only be the medical adviser and friend but, as occasion requires, priest and lawyer.

QUARANTINE.

THIS is a great country. We are a rich and enlightened people. But we are occasionally brought face to face with the lack of a centralized government—and the conflict of Federal and State laws.

Such an occasion now exists in the endeavor to maintain an effectual quarantine of the port of New York, and through it, of the whole country.

Nearly five hundred people, some of them our neighbors, kindred and friends, perfectly well and free from any taint of the plague against which we are so earnestly and unanimously striving to close our gates—are for days confined to the narrow limits of a ship, within which are also the victims of cholera. Finally, when the united cry of the sufferers themselves and the sympathising public is clamoring for their relief, we find both State and Federal authority willing to render the desired assistance, but wholly unable for lack of the means. A generous citizen and a patriotic and equally generous State Executive come to the rescue. One buying outright and presenting to the Health officer, a costly steamer; the other purchasing an island at a cost of nearly a quarter of a million on his private responsibility. And to what purpose?

The steamer is found incapable of going forty miles to sea—and as a much needed transport is found to be worthless. The island, with its buildings and appliances is promptly taken possession of by a mob, who set at defiance the authority of the State and refuse the sufferers the poor privilege of landing. Meanwhile a judge is found, who, apparently unwilling to expedite the proposed relief, grants an injunction, the argument of which is set down four days later. *Four days*—what does that mean to the women and children and the invalid men from the Normannia. Already worn out with anxiety, dread and an ocean passage, they are doomed to running up and down the coast in a rough sea on board a small steamer without conveniences for sleeping, eating or the common necessities of life. And the end of the matter is not yet.

Can any reasonable persons doubt that were quarantine matters wholly in charge of the Federal Government, more promptness and efficiency would have been shown? It is not the purpose of this article to criticise the intentions of any one in authority, but would $30,000 have been paid for a steamer by the U. S. Government before her fitness was ascertained? And, further, if the same authority were dealing with the mob who had taken possession of Fire Island—would two days elapse (perhaps more) while futile attempts to take possession were being made.

We are as a people sensitive to ridicule. Who can doubt that the present muddle will make us the laughing stock of Europe?

Our critics will hardly stop to examine our complex system, wherein the General Government, the State of New York, the Boards of Health of the City of New York and town of Islip, and the Baymen of the Great South Bay generally, are jostling each other, and to some extent all claiming supremacy of authority.

Common sense would dictate that a matter so generally important to the whole country as the health of the entire population should be intrusted to the general government. Thus insuring uniformity of quarantine, unquestioned authority to maintain it, and the careful attention to detail shown in all branches of Federal administration with which we are familiar.

As a contrast to the condition of affairs at Fire Island, we have the calm and dignified maintenance of right of the U. S. Government to its lands at Sandy Hook, notwithstanding the heartless and untenable protests of New Jersey's Governor. Feeling ran high there; but we hear of no injunction granted or asked for. A fair illustration of the workings of centralized power.

TOBACCO, TEA AND COFFEE.

DR. BREWER, in the *Journal of Inebriety* assigns as one of the leading causes for the great nervousness of the American people and the increasing tendency to nervous diseases in our midst, not only the excessive use of tobacco, but the strong quality which the taste of the American public exacts from the manufacturer. Is it to be wondered at, he says, "that a drug which, until tolerance is established, has such potent and palpable effects as to produce loss of co-ordination and unspeakable *malais*, and after the organization has become used to it, is capable of setting up the well-known heart disturbances, may finally produce some form of insanity? French medical observers are of the opinion that one of the factors causing the depopulation of France is the excessive use of tobacco; for the offspring of inveterate tobacco consumers, they say, are notoriously puny and stunted in stature and lack the normal power of resistance, especially on the part of the nervous system; again, it is a significant fact that an astounding percentage of the candidates for admission to West Point and other military schools are rejected on tobacco heart."

Tobacco, being a stronger narcotic than either tea or coffee, is more likely to produce injurious results when used to excess, and that all these are used to excess must be apparent to every one who gives the matter even the slightest observation. A temperate use of all these narcotics is undoubtedly at times productive of positive benefit, but the great fault of our American people, in which the medical, the theological and the legal professions set the example, is not only a failure to discriminate between the proper nerve stimulant or sedative best adapted to the system, but in using one or all of these, simply for the taste, for companionship or for the present effects. A single cigar after a full meal may aid digestion, the same as a glass of wine or a small cup of black coffee, and a cup of tea or coffee at the morning meal, where it does not constitute the entire meal, seldom has sufficient of the narcotic principle to do any positive harm; but it is the excessive use of strong coffee and tea, not only at the morning meal, but at lunch and dinner, which is producing so much nervous and general physical trouble in the female sex, who have not the same opportunity as the male of working off the injurious effects in active physical and mental labor. The wife who is justly grieved and sometimes exasperated by her husband's excessive use of tobacco and alcoholic stimulant should herself set the example of a life more in accordance with the

laws of health, by limiting her daily use of coffee and tea to a point which will not interfere with her digestion or unduly excite or depress the nervous system. It is a question whether work which requires the constant stimulating effects on the brain of alcohol, tea, coffee or tobacco, however brilliant or effective it may be, is not accomplished at the expense of nerve structure and nerve force which will either shorten life or in time impair mental activity. The physician, with well-directed effort, can accomplish more good by preventing disease than by attempting to control it in active work.

THE STUDY OF BIOLOGY.

THE Brooklyn Institute has been conducting, during the past summer months, a biological laboratory of instruction at Cold Spring Harbor, on the north shore of Long Island. The work is done and the instruction given on the ground floor of the New York State Fish Commission building, which is furnished with tables, aquaria, hatching troughs for cultivating eggs and embryos of fishes and other aquatic animals, and all the apparatus and appliances for thorough biological work. Near the laboratory is a large photographic room, provided with a general photographic outfit, a photomicrographic apparatus, a heliostat, and all the necessary appliances for scientific photography. Microscopes are loaned to students who do not own them, and an excellent reference library is at the service of all. After the labors of the day are over in the laboratory, the instruction there received is still further impressed upon the mind by lantern lectures, in which the magnified images of living subjects are cast upon the screen, and their structure and habits explained. With practical teachers and a multitude of specimens, more actual knowledge can be obtained by this plan of instruction in the lectures and laboratory in a few weeks than could be possible from simple book reading in the best text books.

We are very glad to see that many medical students are availing themselves of these opportunities of summer instruction of perfecting themselves in biological studies so important to them in their future professional work. There can be no doubt the attention given to biology during the past few years, and the yearly increased facilities for investigation made necessary by advancing knowledge, has revolutionized to a great extent our study of diseases in its diagnosis and treatment. In this new light, with the increased power of accurate diagnosis which it brings, we are struck with the vast increase of nervous diseases, possibly because a more minute study of biology has enabled us to better detect the phenomena of morbid mental statis arising from deranged nerve action. The researches of Wundt, in the Leipsic Psychological Laboratory, and of other able investigators, especially among alienists, have enabled us not only to measure the time between motor response to stimuli in sensation and muscular action, but the actual time occupied by mental acts. The study of psychology must, at no distant day, go hand in hand with physiology, and lead by the ever increasing light thrown upon nervous energy and the phenomena of mind to a clearer understanding of disease, its cause and prevention, and elevate our profession from the domain of theory and speculation to that of an actual science.

ACCORDING to that bright little magazine, *Baby*, a baby is born at every beat of the human heart. That is more than one for every tick of the clock. These living jewels, as the poet calls babies, dropped unstained from heaven, take wings and fly back whence they came, one for every minute of the day. From January 1st to December 31st between 38,000,000 and 40,000,000 living jewels are dropped into this cold world. The proportion of female births to male births is as one hundred to ninety, so that between 2,000,000 and 3,000,000 more girls are born in the world each year than boys. In round numbers, 5,000,000 babies never live long enough to talk, 5,000,000 more never have a chance to walk and 5,000,000 more never get old enough to go to school. Prof. Proctor figured that if from a single pair each husband and wife had married at the age of twenty-one for 5,000 years the population of the earth would now be, if there had been no deaths, 2,199,915 followed by 144 ciphers. When twins arrived in Artemus Ward's family some body called it an episode. "Yes," said Artemus, "two episodes, weighing about eighteen pounds jintly." *Baby* does not calculate the number of episodes each year.

PROF. BARDELEBEN, of Berlin, gives some interesting facts particularly bearing upon surgery in discussing the modern bullet, such as was used in the late Chilian battles. The modern rifle sends a bullet with a narrow cylindrical form and pointed apex, which at a distance of 1,000 yards has the power to pass through several human bodies or to disable two horses. It has an inner core of lead, inclosed in a casing of steel. This makes it lighter than the old bullet, but the greater velocity and the steel shell pre-

vent the lead from scattering or breaking up the instant it strikes the surface. Instead of making a smashing or ragged wound, it merely punches a hole through any part of the body, and the resultant danger is more from hemorrhage than from shock or commotion in the neighboring parts. Experiments with the new bullet show that at close range—up to about 1,000 yards—a bone is invariably shattered; but at longer range there will be a clean perforation or one oblique fracture. In most cases the ball will pass quite through the body. In the late Chilian battles, where the Manlicher rifle and this bullet were first practically tested, the proportion of dead to wounded was far greater than ever before; but, on the other hand, a much larger proportion of those wounded, who can be removed from the field, recover.

AT a recent meeting of the British Medical Association, Dr. Harrison, of Bristol, gave the summary of the treatment and results in ten cases of *lupus* of varying intensity and duration. The results were so satisfactory in most of the cases that Dr. Harrison gives a detailed plan of his treatment with his reasons for thinking it might be beneficial. Starting from the fact that lupus is analogous to tuberculous disease, he felt that if he could devise some plan of impregnating the diseased tissues with sulphur and sulphurous acid one great step towards cure would be accomplished. To do this a solution of the hyposulphite of soda of the strength of forty grains to the ounce was applied at night on lint covered with gutta percha. In the morning it was removed and an application was made in the same way of a solution of five minims of hydrochloric acid to the ounce of water. The acid causes decomposition of the hyposulphite and liberates nascent sulphur, and nascent sulphur dioxide. The action thus obtained the author thinks is to destroy the microbe producing the disease.

THE oldest herbarium in the world is preserved in the Egyptologist Museum at Cairo, and is composed of leaves and flowers placed from 2,000 to 3,000 B. C. under the outer ties of the mummy wrapper and on the sides of the mummy between it and the grave cloth, or twined in garlands around the head. We find that the same class of flowers are now common in Egypt the blue and white lotus, the red poppy, oriental larkspur, hollyhock, the yellow flowered *Sesbania Egyptiaca*, crown chrysanthemums, safflower, pomegranate flowers, willow leaves, grasses, peppermint, etc. In the coffin of the so-called Kent mummy (20th dynasty) celery was found mixed with lotus leaves and flowers. The general conclusion drawn from this herbarium is that whatever changes may have taken place in the climate of other portions of the world, there has been no perceptible change in that of the valley of the Nile for the past four thousand years. The stories told of the fertility of seeds taken from Egyptian coffins are probably fables, as the seeds were all partially roasted before being placed in the tomb.

OUR prediction, in the September issue of the TIMES, that there was really no danger of an epidemic of cholera in this city has been verified. Only six cases have occurred in the city, and from neither one has there been any reproduction. However efficient the quarantine has been in preventing the introduction of the disease from emigrants, and however zealous the work and good the intentions of the health officers have been, for which we give due thanks, there is no question that an immense amount of suffering has been caused by inexperience and lack of forethought in the executive in charge of quarantine. The fact was cabled to our quarantine on August 23, that vessels, doubtless with cholera on board, had sailed from ports where the pestilence was in full blast, and though the first of these ships, the Moravia, did not arrive till the 28th, not a step had been taken to provide a place for the well passengers on the pest ships that they might be separated from the plague stricken, and they were for days kept on the ships to the disgrace of civilization and common humanity. At length, through the energetic action of the public, of the executive of the state and the United States, relief came for what, with proper forethought and executive ability, would never have been required. The report of the Bureau of Vital Statistics show that there is no danger at present of a cholera epidemic and that the city was never in a more healthy condition. The death rate for the week ending September 17th was 21–48 per 1,000, while the corresponding week for the past five years the average was 21–99. It will be a gratification to the whole country, of which New York is the center and entreport, that our port is now so closely guarded that there is really no danger of the germs finding their way in goods to remain dormant during the winter and break out in full force next summer. There is danger, however, from infectious diseases breeding in pest holes, whose location is known, and which a non-partisan, non-political board of health should purify, even if the destruction of a million of dollars of buildings should be required.

BIBLIOGRAPHICAL.

AN ILLUSTRATED ENCYCLOPÆDIC MEDICAL DICTIONARY; being a Dictionary of the Technical Terms used by Writers on Medicine and the Collateral Sciences in the Latin, English, French and German Languages. By Frank P. Foster, M. D., Editor of the *New York Medical Journal;* Librarian of the New York Hospital. With the Collaboration of a Distinguished Corps of Assistants in their Specialties. Vol. III., with Illustrations. New York: D. Appleton & Co.

No review can do justice to the great value of this immense dictionary, not only to the physician, but to the student of the collateral sciences, or to the detail and fullness with which every subject is treated. The first word in the third volume is "fascia," and to this three of the double-column pages are given, and every fascia in the human system, with its anatomical connections, described under its appropriate name. "Ferrum" has five pages in which, by reference to other articles or in detail, all the combinations of iron for medicinal purposes are given, with the manner of preparation. In the action of drugs no attempt is made at detail, but simply the general action given, referring their more minute study to works on materia medica and therapeutics. Chemical preparations are given, not with the precise quantitative elements represented in symbols, but very much as in the dispensatory, but much more concisely. There is no question about the position this work will take among scholars. There has never been anything like it in any language, and though future editions will include new terms rendered necessary by the developments of science, the work already accomplished will stand the test of the severest criticism.

HANDBOOK OF HYGIENE AND SANITARY SCIENCE. By George Wilson, M. A., M. D., F. R. S. Second Edition. Price, $3.25. Philadelphia: P. Blakiston, Son & Co., 1892.

Dr. Wilson has revised his original book, which for a year has been out of print, so as to include the most recent advances of public hygiene, sanitary science and sanitary law. To bring the work up to the present time, many of the chapters have been in a great part rewritten, including the most recent facts upon food, water supply, removal of excreta and house refuse, purification and utilization of sewage, dwellings, hospitals, communicable diseases, prevention and disinfection, vital statistics, sanitary law and official duties.

A TREATISE ON HYGIENE AND PUBLIC HEALTH. Edited by Thomas Stevenson, M. D., F. R. C. P., and Shirley F. Murphy. Vol. I. Philadelphia: P. Blakiston, Son & Co.

We can not do better than give the general plan in the language of the editors in their preface: "It has been the desire of the editors that the several papers which these volumes contain should present for the use of readers a fair account of the knowledge, so far as obtainable, of the subjects of which they treat. These subjects are in the main those which are usually dealt with in similar works, but in the selection of authors it has been thought well not to limit the choice to members of the medical profession. Thus, while air has been treated by the physician, warming and ventilation has been entrusted to the physicist; again, climate has been discussed by the physician, and meteorology has been allotted to the meteorologist; and again, the article on the dwelling has been contributed by members of the architectural profession, while the surgeon has undertaken the discussion of hospital hygiene. In addition to the subjects heretofore contained in works on hygiene, it has been thought desirable to give equal prominence to some others which have become now of not less concern to the health officer. A section has been devoted to "Systematic Physical Education." A separate section has also been devoted to 'English Sanitary Law.' The pathology and etiology of infectious diseases have necessarily, in view of the immense advance lately gained in these subjects, appeared to desire a place in a work giving account of preventable diseases, and therefore a section has been devoted to bacteriology and the methods of examination of micro-organism, and another to the natural history of infectious diseases." These papers have been prepared by the most noted scientists in the different departments.

GEOGRAPHICAL PATHOLOGY: An Inquiry into the Geographical Distribution of Infectious and Climatic Diseases. By Andrew Davidson, M. D., F. R. C. P. New York: D. Appleton & Co.

The object of this work is to sketch the geographical distribution of infective and climatic diseases, and to trace the influence of temperatures, rainfall, altitude and soil conditions on their prevalence, character and epidemic spread. The author's inquiry extends over all the continents and inhabitable groups of islands in the world. Under the term infective diseases are included miasmatic diseases, such as malaria; miasmatic contagious diseases, such as cholera; and the contagious diseases proper, such as scarlet fever. Climatic diseases include among others, croup, bronchitis, pneumonia and rheumatism, which are either owing to or are materially influenced by meteorological conditions. The work will be invaluable to the tourist and to the physician in the amount of information it presents, drawn from the most accurate sources of the liability to various forms of disease in almost every quarter of the world, and the season of the year they are the most prevalent.

A MANUAL OF OBSTETRICS. By A. F. A. King, M. D., Professor of Obstetrics and Diseases of Women in the Medical Department of the Columbian University, Washington, D. C., and in the University of Vermont, etc. New (Fifth) Edition. In one 12mo. volume of 450 pages, with 150 illustrations. Cloth, $2.50. Philadelphia: Lea Brothers & Co., 1892.

The author has presented in an intelligible form an outline of the rudiments and essentials of obstetrical science, which will be of great value to the student and serve also to refresh the memory of the practitioner.

MATERIA MEDICA AND THERAPEUTICS. By L. F. Warner, M. D., Attending Physician, St. Bartholomew's Dispensary, New York. Being volume V. of "The Students' Quiz Series." Pocket size, 224 pages, $1.00. Philadelphia: Lea Brothers & Co., 1892.

Concise, reliable and in every way an excellent compend, fully up to the present time.

THE PRINCIPLES AND PRACTICE OF BANDAGING. By Gwilym C. Davis, M. D. Price, $3.00. Geo. M. Davis, Publisher, Detroit.

Under the heads of the roller bandage, the tailed bandage or slings, and the handkerchief bandage, almost every known bandage approved by the profession is described and illustrated.

The Chicago *Medical Recorder*, edited by Dr. Archibald Church, and previously published by W. T. Keener, of Chicago, is now being published by that well-known house, the M. H. Kauffmann Medical Publishing Company.

CORRESPONDENCE.

MEDICAL EDUCATION.

To the Editors of the NEW YORK MEDICAL TIMES:

At a recent meeting of the British Medical Association, Dr. Cuming gave utterance to certain views respecting medical education which are of so unique and extraordinary a character that we are irresistibly prompted to make them the subject of a few observations, and to express our surprise at the position assumed by him, and the suggestions he makes with regard to the necessities of the medical education of the future and the educational requirements imposed upon the physician to fit him for the exercise of the duties of his profession. Dr. Cuming cites Bacon's opinion that "medicine was the most learned of the three professions, law, medicine and divinity, and so esteemed at the time of Harvey." Dr. Cuming also goes on to say: "At no period of the world's history has medicine been more assiduously cultivated, never have its ranks been filled by so many able and energetic workers, and at no period have its claims to public usefulness been capable of being so triumphantly vindicated. The question naturally arises, in what method can its dignity and usefulness be best furthered and developed, and whether there are any developments that tend to embarrass its progress and trammel its efforts, of which it might be advantageously relieved, and whether its study is being conducted on the lines best calculated to lead to the results at which we aim."

Dr. Cuming deprecates the necessity of teaching more of chemistry, of botany and of physics than may meet the requirements of actual practical use. He sees no advantage in the study of science that does not absolutely subserve the practice of medicine. According to Dr. C., Latin and Greek should become obsolete in the preparatory education of the physician, and the acquisition of general literature and all its refining influences upon the mind and character of the physician, should not cumber his mind and thought, but should give place to what is only "utilitarian" and calculated to meet the needs of the hour and the exigencies occurring in the daily routine of professional life. There seems to us a curious inconsistency in the mention of the name of Bacon by Dr. Cuming, and following it by an abnegation of the benefits to be derived from mental cultivation to the highest possible degree and the most profuse acquisition possible of knowledge, come from whatever source it may. Does he mean Roger Bacon, who made the thirteenth century memorable by his "Opus Majus," called by Dr. Whewell the "Encyclopædia and the Novum Organum" of that period, and by innumerable other evidences of his prolific genius, and who is known the world over by the three words that are as trite as a nursery rhyme, and as reminiscent of his marvellous wisdom as any other of the many words and works that have come down the stream of time, and have commemorated the name and fame and the far-seeing prevision of the great philosopher. In those three words, "knowledge is power," is to be found the Archimedean lever that has moved the world from the remotest period of its existence, moves it to-day, and will so continue to move it to the end of time. Or does Dr. Cuming mean that other who bore the name of Bacon, Francis, Lord Verulam and St. Albans, whose gifts of intellect, of knowledge and of mental fullness illuminated the same wondrous Elizabethan period of the world's history that brought forth a Shakespeare? We can hardly think or say that Dr. Cuming was particularly felicitous in the mention of the name of Bacon—a name the synonyme of unlimited knowledge—when he proposed to place barriers and hindrances to the acquisition of it in the way of the student of the healing art. Let us try Dr. Cuming's plan by way of experiment, and go back to first principles, and see, in the first place, how the medical student would fare were his mind innocent of all knowledge of Greek and Latin. Medical students are, in too many instances, not remarkable for acquirement of any kind. To us it seems that the plan proposed by Dr. Cuming would tend to keep them so. Volumes are written to help the student and to explain the vernacular of science generally. In no one science is this more necessary, we might say so necessary, as in the study of anatomy. We have for many years been a teacher of students, and in this particular branch, and the blackboard has been the indispensable "vade mecum" in helping to get the interpretation of the terms used in the anatomical vernacular inside the cranium of many a poor wight, who otherwise would flounder all his life long in the mire of doubt and ignorance of the commonest terms used in his book of anatomy. This applies to both Greek and Latin, and it requires no argument whatever to prove that the student who comes to the study of his profession with his mind stored with a knowledge—be it ever so limited—of them both has had his way made easy for him in many respects, and has an advantage over his less fortunate fellow-student that will make him congratulate himself over and over again with the three Baconian words, "knowledge is power." Another inconsistency appears to us in Dr. Cuming's argument. We repeat the quotation from his address, to which we have already adverted. He says: "At no period of the world's history has medicine been more assiduously cultivated, never have its ranks been filled by so many able and energetic workers, and at no period have its claims to public usefulness been capable of being so triumphantly vindicated." We quite agree with Dr. Cuming in all this. But are these "able and energetic workers" men of no education beyond the narrow line to which his plan would assign them?" Could these able and energetic workers, the emanations from whose teeming brains have illuminated the pages of modern medical science with all the luminous light that could only irradiate from minds stored with the highest gifts of cultured intellect, could they, we say, have given of their wealth of thought and their beneficence of knowledge, gleaned from all sources, for the relief of disease and the amelioration of suffering humanity, had they been restricted to the narrow educational advantages formulated in Dr. Cuming's proposed curriculum? We say no! emphatically no! There is, unhappily, too much ignorance in the profession to-day. The pill-driving doctor is too often seen going his monotonous round, and rejoicing within himself whenever kind Nature helps him out of his difficulty and flatters him with the cure of his patient. Nature is never more kind than when she helps the patient out of his hands, and sends him and his pills to the right-about. Another thought occurs to us just here in this direction, and it takes the form of an inquiry. Is there no limit to the mode at present, and for a long time adopted, of filling the chairs in our colleges with the incompetency that we so often see? To many such occupants of them Dr. Cuming's suggestion of the inutility of the cultivation of general literature, indeed of all other adjuvants to the mental culture of the physician except what he calls strictly "utilitarian," must be like "manna in the wilderness," and to them he is no doubt "a Daniel come to judgment." We have spoken of the blackboard as a necessary adjunct to the lecture room, but, to many "*soi-disant*" teachers, it is a terror. Their innocence of Latin is something to draw tears of pity, and as for Greek—well, it is indeed "all Greek" to them. Dr. Cuming's "Anathema Maranatha" of all literature, and all Greek and Latin from medical education, is a comfort and a solace, and they bless him that

> "The quality of mercy is not strain'd,
> It falleth like the gentle dew from heav'n."

In final response to Dr. Cuming, we protest against his suggestion to eliminate from the education of the physi-

cian all and every source of mental enlargement, scientific, literary, artistic, and all else that may tend to his development as physician, scholar and gentleman. J. A. C.

THE LATE PROF. JAMES ROSS AND THE "HOMŒOPATHIC REVIEW."

To the Editors of the NEW YORK MEDICAL TIMES:

In the *Monthly Homœopathic Review* for last April there appeared an extended obituary notice of an eminent English physician, Dr. James Ross, Professor of Clinical Medicine and of the Practice of Physic at Owens College, Manchester, and auther of *A Treatise on Diseases of the Nervous System*, "perhaps the most exhaustive work in the language on this important, and of late years, most diligently studied department of medical inquiry."

After a sketch of Dr. Ross's professional career, which was terminated at the comparatively early age of 55, the writer notices his contributions to medical literature, generally pertaining to the department above mentioned.

To the *Practitioner*, we are told, Dr. Ross contributed several papers which dwelt upon homœopathy, both from the scientific side and from an ethical point of view. "Of a metaphysical cast of mind, he was disposed, in the matter of homœopathy, rather to argue than observe. While admitting the truth of all that is essential to homœopathy, he objected to much that was associated with it in the minds of the profession generally: to the psora theory of Hahnemann; to the explanation Hahnemann gave of the principle of *similars;* to the theory of dynamisation, and to the fact that the medicines used were in so many instances described by names unknown to the *British Pharmacopeia*. To him these points (which all practical students of homœopathy well know to have nothing to do with it) were so inextricably mixed up with it that he avoided all practical inquiry, while at the same time, from a theoretical standpoint, he acknowledged the truth of all that constituted homœopathy. Writing in the *Practitioner* for 1878, he says: 'No one who is competent to form an opinion,can deny that one or two of the principles lying at the foundation of the system are substantially true. These principles are what may be briefly termed the local action of medicines or the elective affinities of the tissues, the double action of medicines and the opposite effects of large and small doses.' Carried into practice, these principles lead to giving in disease small doses of medicines which in health produce effects similar to those marking the disease for which they are prescribed. They constitute, so far as they go, a theoretical explanation of a homœopathically acting remedy. Had Dr. Ross at the bedside studied the results following the practical application of his theoretical views, his career would, we are convinced, have been different from what it became.

"While from the scientific side homœopathy was to him a mere 'pious opinion,' as it were, looked at from an ethical point of view, he was eminently practical and thoroughly outspoken in the views he held. In plainer terms than had ever appeared before in a non-homœopathic medical journal he protested against the conduct pursued by the bulk of the profession towards homœopathists in the past. At a time when his comparatively recent settlement as a consultant in Manchester might have led to his considering silence as only discreet, he spoke out very clearly. He urged the claims of homœopaths to free professional intercourse, and contended that a reference to history proved the correctness of their statement, that they did not leave the profession but were driven out of it and thereby forced into a distinctive position.

"However we may regret," concludes the *Review*, "that Dr. Ross did not put his theoretic therapeutic conceptions to a practical test, we feel assured that his influence and his example have been of great value to the development of homœopathy within the profession, to the hastening of the time when all professional disabilities will be removed from the acknowledgment that homœopathy is true, not only in theory, but in practice."

It may be owing to pure stupidity, but we confess to being a good deal puzzled by this last paragraph. Does not Dr. Ross's acknowledgment that homœopathy is *theoretically* true necessarily imply that he must have considered it capable of being carried out *in practice*, even granting that he had never tested the matter experimentally for himself? But is the *Review* quite certain he did *not* so test it? How does it know that Dr. Ross was not more or less of a "crypto-homœopath?" Might he not in his daily practice have availed himself, when occasion appeared to arise, of the local action of medicines, their double action, and the opposite effects of large and small doses, without feeling called upon in consequence to assume a distinctive appellation, and forfeit not only all hopes of obtaining the most coveted tokens of professional success, but also the opportunity of using his peculiar talents for the greatest good of others? And if, in fact, his influence and example contributed to "the development of homœopathy"—disassociated from vain and fantastic hypotheses—"*within* the profession," may it not be just as well, to say the least, that Dr. Ross refrained from publicly uniting himself with a small and diminishing band of exclusive practitioners?

What the man of genuine science and philanthropy—everywhere and in every calling—proposes as his highest aim and looks forward to with hope and consolation, is not the triumph of a sect, not the establishment of any individual authority, but the ascertainment of exact truth and its application on the widest possible scale for the benefit of mankind, and this end is not to be accomplished—it can not even be sincerely labored for—within the narrow boundaries of "School." G. L. F.

USE OF THE CATHETER IN FEMALES.

To the Editors of the NEW YORK MEDICAL TIMES:

I notice among the paragraphs of your "Miscellany" of August TIMES, this: "Prof. Parvin advocates the use of the ordinary male catheter instead of the female, as by its greater length the bladder can be emptied without soiling the clothes or necessitating any exposure of the patient. It is passed into the bladder just as easily as the other kind."

I beg leave to say that a male catheter, on account of its greater curve and length, is *not* passed *just* as easily into the bladder of a female as a female catheter, but all the advantages that extra length gives can be increased tenfold by pulling over the end of a female catheter a small rubber tube three or four feet long and dropping the free end into a vessel by the bedside, then introducing the catheter in the usual way. This rubber tubing can be purchased at most drug stores for a few cents per foot, and is a convience I have availed myself of for years past.

CHAS. M. MATSON.

Brookville, Pa., August 18, 1892.

To the Editors of the NEW YORK MEDICAL TIMES:

I have been a great sufferer from asthma and catarrh, but since living at Banner, San Diego Co., California, I am relieved from both.

Any one desiring further information may write me,

Yours truly,

E. PANNENBERG.

A hospital for consumptives, to be called the Seton Hospital, after Mother Seton, is about to be erected in this city, at a cost of $300,000, and will be placed under the care of the Sisters of Charity.

SOCIETY REPORTS.

AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, FIFTH ANNUAL MEETING, AT ST. LOUIS, MO., SEPTEMBER 20-23, 1892.

Dr. George H. Rohé, of Catonsville, Md., read a paper upon "The Relations of Pelvic Disease to Psychical Disturbances in Women."

The author pointed out the frequency with which bodily conditions influenced mental states. Thus a torpid condition of the intestines, Bright's disease, putrefactive processes in the intestinal canal, etc., might give rise to melancholia and other disorders of the mental functions. It is not irrational to suppose likewise that the diseases of the female sexual apparatus would have a not inconsiderable influence in the production or perpetuation of mental disorders. As a contribution to the knowledge of the subject the following report was submitted:

In a hospital containing 200 insane women, thirty-five were subjected to vaginal examination and twenty-six found with evidences of pelvic diseases. In eighteen of these the uterine appendages were removed with the following results:

Sixteen recovered from the operation and two died. Of the sixteen recovered, three have been discharged from the hospital completely restored, both physically and mentally. In ten considerable improvement followed the operation in both physical and mental conditions, and in three the operation was of too recent a date to allow any definite expression of opinion.

The mental disorder present in the eighteen cases was melancholia in six cases, simple mania in one, puerperal mania in four, hysterical mania in one, periodic mania in two, hystero-epilepsy with mania in one, and epilepsy with mania in three.

The author basing his opinion upon his experience, concludes as follows:

"The facts recorded demonstrate first, that there is a fruitful field for gynecological work among insane women; second, that this work is as practicable and can be pursued with as much success in an insane hospital as elsewhere; and third, that the results obtained not only encourage us to continue in the work, but require us in the name of science and humanity to give to an insane woman the same chance of relief from disease of the ovaries and uterus that a sane woman has."

TRANSLATIONS, GLEANINGS, ETC.

RETROSPECTIVE THERAPEUTICS.

By Alfred K. Hills.

Internal Drainage for Hip-Joint Disease.—Dr. H. H. Spires (*Cleveland Med. Gazette*, Dec., 1891) says that eight years ago there came to his hands a case of hip disease in a boy five years of age. The symptoms presented were apparent elongation of limb, slight abduction and eversion, and absence of the gluteal folds. The hip joint was painful and swollen. He advised to put the child in bed and use extension; but the parents being opposed to confinement, a course of tonic and alterative medicine was prescribed, together with nourishing diet and the use of a crutch. After six weeks no improvement, and the patient was taken to another doctor. The parents still objecting to confinement, he ordered the use of static electricity. Eight weeks later, no improvement. The parents now became discouraged and ready for anything that offered. A cattle dealer came along and suggested a line of treatment which had proved completely effectual in his own case, after a similar experience with the doctors. The treatment was as follows: Two grains of calomel three times a day, and on the morning of each third day a tablespoonful of epsom salts in a small glass of water, to be continued until the cure was perfected. In the event of relapse, to again commence. Treatment (despite the opposition of the three doctors) was begun in January, and continued without intermission until the following May. The dose of salts was made to correspond with the age of the child, but the dose of calomel was the same as for a grown person. Result: A perfect cure in about four months. After eight years, the young man says: "The limb seems a little shorter than the other, but causes me no trouble whatever."

Dr. Cathell remarks that "the homœopath would stand aghast at the treatment. The eclectic would shun it as the rabies. The regular would say it is a step backward and should not be taken. What, then, is the rationale in this case? The medicines simply acted as a drainage to the hip through the primæ viæ. External drainage is used by modern surgery in many cases of hip disease. Why not make internal drainage equally effective?"

Submembranous Injections of Chlorine Water for Diphtheria.—At the last meeting of the American Medical Association, Dr. A. Seibert, of New York, pointed out the fact that the various antiseptic applications in general use for diphtheria, reached only the surface of the membrane, leaving the underlying bacteria untouched, and hence submembranous applications should be made. This he accomplished by injecting an antiseptic into the mucous membrane under the affected part through specially devised hypodermic needle-points attached to an ordinary hypodermic syringe. Chlorine water he found to be the best antiseptic, and of this, which should always be freshly prepared for use, about twenty minims was the quantity to be injected. Dr. Seibert reported thirty-five cases of pharyngeal diphtheria treated by this method in conjunction with the usual general remedies, with a loss of only two cases, and these from complications.

Dr. B. G. Henning, of Memphis, at the last meeting of the Tri-State Medical Association, reported a number of cases of diphtheria treated by Seibert's method with astonishingly good results. It is to be hoped that this method of treatment will be more extensively tried, and that it will prove as beneficial in the hands of others as in the instances that we have cited.

Strychnia in Epilepsy.—Dr. F. M. Cheever (*Mass. Med. Journal*) regards strychnia as one of our most reliable remedies in the treatment of epilepsy. At first he gave it in large doses; lately, however, he has found that the use of very much diminished doses, grs. 1-120, four times a day, given very frequently, not only produces results quite as favorable, but the good effects more quickly, and there is less chance of attacks arising from accidental irritation in the early stages of treatment.

Brown-Séquard and others have called attention to the good effects to be attained by the exhibition of sulphate of quinine in cases where the convulsive attacks are marked by a regular periodicity. All that can be said of quinine may be said with still greater truth of strychnia. In those cases where disorder has originated in deranged menstrual functions, and where the attacks come on with great regularity at the catamenial period, the author always looks to strychnia with the greatest confidence.

To Restore Susceptibility to the Action of Quinine.—Dr. Thornton said that patients frequently acquired a tolerance for quinine, and it failed to produce the desired effect. He had often, in these cases, stopped its administration for a time and given a drop of pure carbolic acid with a drop of tincture of iodine in a teaspoonful of water, repeating it a few times, and found that the patient soon regained his susceptibility to the action of quinine.

Antipyrin as an Antiseptic in the Treatment of Diphtheria.—M. Vianna has announced to the Paris Société de Biologie (*Progrès Méd.*) that recent laboratory investigations have enabled him to demonstrate the destructive action of antipyrin on the bacillus of Loeffler. His first series of experiments resulted in proving that this substance, in doses of 2 grs. 1 | 20 | 0, prevents the development of diphtheria in the different culture-media. Moreover, the above quantity of antipyrin, added to tubes of Loeffler's bacillus, fully grown, kills the latter in forty-eight hours. The same result is obtained in twenty-four hours from a dose of 50 | 0. Like treatment produces a similar effect upon filtered culture-fluids, *i. e.*, upon the toxine of diphtheria. By injections of such fluids, to which from 4 to 80 | 0 of antipyrin had been added, cobayes were killed in 5, 8, 12, 15, 20 and 24 hours, while they survived at least three days when the antipyrin was omitted. The drug, therefore, exerts a striking influence on the diphtheritic virus, not indeed destroying it entirely, but markedly retarding its effects. This is the more interesting, since antipyrin (unlike other antiseptics, such as sublimate, etc.,) may be administered in large doses, either internally or subcutaneously, as well as by spraying or simple local application. It is, therefore, worthy of trial as a remedy for diphtheria.

Intestinal Occlusion Cured by Electricity.—Drs. Semmola and Aurio (*Bull. de L'Acad. de Méd. de Paris*) say that a young man, aet. twenty-three, of fine bodily development and healthy constitution, was attacked with a severe colic, with vomiting, constipation and partial suppression of urine. Morphia, ice on the abdomen, warm sitz baths, emollient cataplasms, calomel, castor oil, etc., gave no relief. A catheter had now to be used several times a day. A Daniel battery was obtained. A catheter twenty-five centimetres in length was attached to the anode and inserted into the rectum, and the cathode, olive-shaped and covered with a cloth that had been previously soaked in a solution of chloride of sodium, was applied labile on the abdomen, over the ascending, transverse and descending colons, the coecum, region of the S. Romanese and the epigastrium. These applications were made three times a day, lasting about ten minutes each, and ten milliampères were employed. The retention of urine ceased after the third application, the pain was less frequent and weaker, but the bowels did not move until after the ninth treatment, when a number of movements ensued and were without pain. Treatment was continued two days longer, when the patient was pronounced cured.

Spartein as a Cardiac Medicament (*Rev. Therapeutique des Alkaloides*).—In a conscientious study of spartein, Pawinski, of Warsaw, seeks to determine the most favorable doses to excite the tonicity of the heart and regulate it. In his hands small doses—one to two centigrammes at a time—repeated four to eight times daily, gave the best results. Doses of six to eight centigrammes, also given four to eight times, seem too large. He thinks one of the most valuable actions of the drug is its sedative action on the nervous system of heart cases. He noticed that it acts particularly well in cardiac disease complicated with nervous troubles, hysteria and neurasthenia. Consequently, he administered it with great success in functional cardiac affections, such as palpitation, precordial pain, the anginas of anæmia, hysteria, neurasthenia, nicotinism, alcoholism, the morphine habit and that from severe mental or physical strain.

It may be stated that all authors who have witnessed the therapeutic effects of spartein agree in according the following results to it:

1. Rapidity of action.
2. Augmented tonicity of the cardiac muscle.
3. Regulation of the pulsations.
4. Return of the pulsations to the normal type.
5. No cumulative effects.
6. No positive contra-indication to its use. In disorders of cardiac innervation only is it necessary to moderate the dose.

These conclusions show in what class of cases its employment is necessary, viz.: In all where we wish to obtain the first four of the above results. In all cases where the heart muscle is flabby from either alterations of its tissue, insufficient compensation or cardio-vascular asthma. In all likewise where the pulse is irregular: in cases of cardiac asthma; valvular lesions, aortic or mitral; stenosis, insufficiency; in pericarditis, cardiac dyspnea, the hypertrophy of adolescence, etc.

REPORT OF CURES OF TETANUS, TRISMUS AND ECLAMPSIA OF PREGNANT WOMEN.*

Homœopathic literature contains a great number of cases of cure of tetanus and trismus by homœopathic remedies, and no doubt every physician using them can report success in his practice in the above diseases. We will cite some of the cases that have come under our observation:

Tetanus-Trismus.—Maria R., a robust country girl, aged twenty-one years, blonde, contracted a cold by walking about with naked feet while in a profuse perspiration. She did not complain of anything, and on February 2d went to church half a mile distant. On returning and removing her clothes, she became, all at once, stiff as a statue and fell to the ground. She was entirely insensible, her limbs contracted and hard as wood. All the above circumstances were duly reported, and in addition that she had menstruated fifteen days previously. Upon examination she was found to be unconscious, temperature of the head but slightly elevated, face pale, eyes closed, pupils immovable, lips contracted, and when separated a little saliva with bloody mucus escaped. Muscles of mastication rigid, and jaws clenched. The movements of the thorax almost imperceptible, respiration soft and slow. Body cold, limbs stiff, joints moved with difficulty. All the usual means used by her parents, such as bathing in dilute vinegar, frictions, etc., proved of no avail. They thought her still living, but expected death at any moment. The great difficulty was to make her swallow medicine of any kind. Hoffman's drops, which a friend had tried to administer between the teeth, escaped with the saliva. Compresses of cold water to the head, with sinapisms to calves of legs, feet and between the shoulders, a powder of aconite[3] and atropine[3] were applied every hour alternately to the mucous membrane of the inside of the cheek. Next day the heat of the body was slightly increased, the pulse, which marked 50 the day before had now run up to 65. Extremities more supple, the muscles lost their wooden hardness, but the unconsciousness and the trismus continued. In order to test the sensibility she inhaled different pungent liquids without effect, newly pulverized mustard, placed under the nose, caused slight movements of the eyelids and head. Although this experiment was somewhat disagreeable to the patient, its effects were joyfully hailed by the parents, as they revived hopes of seeing her saved. Fearing cerebral shock from her fall, arnica[3] alternated with cantharis[3] were given, the latter to produce micturition. On the 4th the loss of consciousness was much ameliorated. She opened her eyes, and by the movements of the lids signified her wishes. Hearing was also restored, but the trismus and contraction of the limbs still continued, urine escaped involuntarily, pulse 70. Next day bell.[3] and zinc. met.[3] were rubbed upon the interior of the cheeks every second hour. After taking the second powder of zinc. the trismus and muscular contractions ceased entirely, patient could move herself, open her mouth and drink a little milk, the only aliment given in the case. Repeated

* Translated from the *Révue Homœopathique Belge.*

same remedies on the 5th, tongue clean, consciousness clear, mouth easily opened. As a result of the cramps, pain continued in forehead, top of the head and neck. From the 8th to the 11th there was slight delirium with febrile symptoms, causing fear of the supervention of typhoid. For this rhus[3] was given alternately with zincum[4]. All the symptoms became improved, and on the 15th the patient was convalescent and ultimately restored to perfect health.

Eclampsia During Pregnancy and After Delivery.—O. Wielobieky reports, from the clinique of Ruckert, two cures of this terrible disease, one by nux the other by cicuta virosa. He indicates the principal specifics according to the predominating symptoms. Nux, when there is intestinal disturbance. Aconite, if the skin be dry and hot. Chamomilla, for flatulence, diarrhœa and tenesmus. Bell., when the face was discolored and of a violet hue. Opium, for stupor and snoring respiration. Hyoscyam, for hyperactivity of the circulation. Secale and puls., for indolent uterine functions. Compresses of cold water upon the head and hands during the attack. The patient should be kept in a dark room, away from noise of all kinds. M. Wielobieky desires his confreres to try these specifics in their practice. Jahr advises cyclamen, ignatia, platina and stramonium. In other works we find enumerated the ordinary remedies prescribed in cases of cramps and convulsions without any special indications. Too many remedies make the choice difficult. In allopathy it is more easy. The bromide of potash, chloral, internally and by injection, chloroform, or the inhalation of the nitrite of amyl and bleeding in plethora, constitute the whole treatment. This disease is most disastrous, especially when it destroys two victims at once, mother and child. Three-fourths of the women attacked by it die speedily. The other fourth succumbs to its sequelæ. Bœr has no confidence in any treatment. In all cases, the prognosis is most unfavorable. What is the definition of this affection? Under the name of puerperal eclampsia or of pregnant women, we understand an affection which appears after the first month of pregnancy, before, during or a little after delivery, and characterized by general convulsions of the voluntary muscles, accompanied with complete anæsthesia, followed by coma, repeated at short intervals from causes unknown, and only met during and after pregnancy. This affection is rare. We know a physician, largely engaged in practice for thirty years, who has never met a case. It seems to depend upon some epidemic cause. Scarcely a year ago, a case declared itself in a young woman aged twenty years and pregnant six months, and two other cases in multiparous women, one before, the other after delivery. These three cases were treated by our allopathic brethren and terminated fatally. In the month of August last we met a case in a multiparous woman after delivery, and in November a second case in a women pregnant six months. Both were cured. The preceding year we were consulted without being able to see the patient. The distance was so great that the remedy reached her too late to be of any service. The husband stated that she had been attacked with epilepsy. After hearing all the symptoms, we explained to him that we had to do with eclampsia, and gave him ten powders of atropine, with which to rub the inside of the patient's cheek every half hour. In the evening he sent word to say that she was better, that the attacks were not so frequent, and desired more powders. We sent them joyfully, but the woman died during the night, the treatment had been employed too late. We do not know the etiology nor the pathogenesis of eclampsia. Autopsies reveal nothing except some pathological lesions, which are rather the effect of the convulsions, such as cerebral congestion, serous exudations, apoplexy, pulmonary œdema, peritonitis, metritis and Bright's disease. On the one hand we attribute the disease to changes in the blood caused by the pregnancy, on the other, to the kidneys, which, by not expelling hurtful elements from the blood, keep in the circulation renal poison, which is the cause of the eclampsia. This theory of Frerich does not explain all the cases of eclampsia, nor does that of Traube-Rosenstein. From the researches of Löhlein we find in all cases a diminution in the urine, so that in the majority of them we may consider as the cause of eclampsia the existence of ptomaines in the blood. It is upon these grounds that the treatment of Wielobieky and others is based, and also that of the baths prescribed allopathically, and all other remedial agents to promote urinary secretion.

Post Partum Eclampsia.—At midnight of August 2, a midwife came to announce the happy delivery of one of my neighbors and to ask for a remedy for violent pains in the abdomen. I gave her puls. and nux, the latter to be administered if the first did not relieve. An hour after the husband came to say that the pains had increased. I went at once to see the patient, and found her suffering with forcible cramp of the stomach accompanied with a burning sensation, and pains increased upon the slightest pressure of the epigastrium. Examination of the child, the uterus and the placenta showed nothing. The probable cause of the derangement was due to her having eaten an omelette in the evening after her delivery. Prescribed ten powders of atropine[5] to be taken every two hours. As stated, she had taken pulsat. but not the nux. This woman had already given birth to six children, all girls. She was large, blonde, with blue eyes, and had had a miscarriage, and at one time a metrorrhagia after delivery, and very often suffered from rheumatic pains. Her parents, though old, were healthy, and a sister had died from eclampsia during parturition. She had remained from noon to evening in her garden, situated near the river, and probably became chilled. Her age was thirty years. Saw her again on the 3d and found her sleeping, the pains having become quiet after taking the second powder. Epigastrium not sensitive to the touch, uterus contracted and in its normal position, lochia abundant, pulse 80, tendency to transpiration, breasts enlarged, left powders of atropine to be taken at increasing intervals. On my return I learned that soon after I left she was taken with convulsions and an allopathic physician had been summoned, but her condition had not changed, and my return was impatiently awaited. A consultation was held with my colleague, who had prescribed kali brom., but without result. She was in a profound coma, and the jaws were tightly clenched. As she had lost several of her teeth, I supposed there would be no difficulty in administering remedies. On examination the uterus was found to be dilated as though by a metrorrhagia, and might well be the cause of the convulsion. By massage and friction it was closed and returned to its normal place. Tried to give platina[3], but could not introduce it by the openings of the absent teeth. For in place of swallowing, and because of internal convulsions, everything was rejected. She became conscious, gave utterance to repeated cries, and threw herself over to her left side. The face, from being pale, became distorted, features contracted, lids opened and closed convulsively, eyes agitated and turned upwards, pupils dilated and insensible to light, mouth drawn, jaws rigid, and head turned tetanically to the left. The arms and legs were agitated and afterwards stiffened, face engorged, pulse small and frequent. The respiration became interrupted, there was an accumulation of glairy mucus in the trachea with rattling râle, and there was complete anæsthesia. The uterus, which I tried to keep in its position, became subject to active movements, knocking itself so violently against the abdominal walls that I could scarcely control it with my hands. It seemed to be, like the rest of the body, animated by electric shocks. These symptoms lasted some minutes, but finally quieted down. The convulsions ceased, the limbs relaxed, bloody saliva flowed from the mouth, the respiration became more regular, the pulse rallied, the

skin was bedewed by a gentle perspiration, and she slept. In order to keep the womb in place, a stout bandage was applied to the abdomen, with sinapisms to calves and feet and compresses of cold water to the head. Neither the atropine nor platina seeming to have produced any effect, I tried gelsem., oxide of zinc., hyoscyam, bell.[3] and cantharid by rubbing them upon the inside of the cheeks. Each time that an attack was repeated I concluded that the medicine given had had no effect, which finally induced me to administer cicuta virosa and nux. The attacks were renewed every half hour. Good reason has Wielobieky for saying, "search for your specific." Towards the evening a very severe convulsion supervened, which I thought would be the last. But, happily, I remembered the case I had cured some months before by zincum metallicum. As a last plank of safety I gave it alternately with bell. every half hour. For an hour and a half there was no spasm. Finally, about ten o'clock at night, there occurred a slight one, bell. and zinc. met. were given every two hours. At four the bandage was removed, uterus in its natural position, the lochia had resumed its natural flow. The patient was now conscious and frightened. She remembered nothing, and looked about her as if she were in a strange place. The tongue had been badly bitten. Gave a collutory of arnica, continued zinc. met.[4] and bell.[3] internally. On the 5th she was suddenly taken with violent abdominal pains, quickly relieved by cham.[2], bell. and zinc. continued. On 6th, complained of acute hemicrania. On 7th, diminution of the cephalalgia with profuse perspiration. 9th, Head clear, she feels comfortable, takes part in conversation, is calm and content, but has no recollection of anything that has occurred. After a few days she was in full convalescence and was finally restored to health.

Eclampsia Gravidurum.—On November 24th Joseph B. desired me to see his wife, now pregnant about six months, a primipara. She had had two attacks of convulsions. Went to her at once, feeling happy in the possession of an efficacious remedy, provided it did not fail as so many others had done. Upon my arrival, an attack came on with all the symptoms above cited. Face red and distorted, eyes fixed and immovable, right spasmodic contortion of the body, twitching of the tendons, jaws firmly locked, clonic and tonic spasms of the extremities, complete insensibility and stertorous respiration with expulsive movements of the pelvis. From the mouth flowed a sanguinolent foam, face pale and haggard and expressive of great fatigue She finally fell into a profound slumber. Here was a young woman, aged twenty-four years, strong, large, married one year, had never been sick. I applied sinapisms to calves, feet and nucha, with cold compresses to head. Zinc. met.[3] and bell. were alternately rubbed upon inside of cheeks, at first every half hour, then every hour and finally every two hours. After a very severe attack there was a long rest, then attacks succeeded at longer intervals, and less and less violent. Patient slept all night, waking up occasionally, and very tranquil towards morning. The 23d passed off well, no sensation except the natural reaction from the convulsions, face red and smiling, no recollection of the past. She was like an intoxicated person, recognized her parents, complained of pains in the head, did not believe she was at home, and from time to time she broke out in boisterous laughter. Same treatment continued, passed a good night of the 26th, skin soft and moist, more complete consciousness, but she saw objects double and triple. Same prescription 27th, night tranquil, general condition satisfactory, stools and urine normal, optical delusions continue, but she understands that they are caused by her disease; 28th, sleep still more tranquil, desires to get up but not permitted to do so, vision improved; 29th and 30th, continued improvement and better in every respect. By December 1st the recovery was complete and the pregnancy pursued its regular course. Fœtal movements feeble. On December 21st slight return of old symptoms, but they soon subsided. Returned again on 24th, continued through 25th, and at five o'clock she gave birth to a dead child seven months old which, on examination, had evidently been dead several days. Patient much enfeebled by her labor, and for seven days complained of great weakness, but rallied and is now doing well. In conclusion we may say that the specific for eclampsia is found, and that it is entirely homœopathic. That specific is zincum metallicum[3] and [4]. By its physiological and practical action it is at the head of all cerebral and nerve remedies, and acts equally upon the kidneys. Hirschel recommends it in the treatment of cramps, convulsions, eclampsia of children, alternated with moschus, and in St. Vitus' dance. Although bell. and its alkaloid produced no effect, nevertheless it should be alternated with the zinc.; for in the above case, I believe that the bell. assisted the zinc. by diminishing congestion and hyperæmia and facilitated its action. I would recommend the above treatment in all convulsive affections accompanying or following puerperalism, which is always dangerous and so often terminates fatally.—DR. HEYBERGER, of Protowin.

Translated by J. A. C.

On the Digestive Ferment of the Carica Papaya in Gastro-Intestinal Disorders.*—By Dr. Frank Woodbury.—During the past year, having devoted considerable attention to the clinical applications of papoid, especially in digestive disorders, I have had the satisfaction of witnessing a number of very interesting results, to which I wish briefly to direct attention. The successful application of physiological data must be my excuse for again directing attention to a remedy which has been studied by such eminent investigators as Wurtz and Bouchut, Finckler, Rossbach, Roy and Wittmach, and one furthermore the physiological and therapeutical actions of which, at the present day, may be regarded as pretty fully established. If I have little of novelty to offer as regards the agent employed, I may at least point out very briefly some of the clinical uses and the conditions of its successful employment. If I accomplish this modest task the labor will not be in vain, since success in therapeutics depends upon the pharmaceutical preparation and mode of administration, in many instances, as much as it does upon the selection of the proper remedy.

There were two considerations that especially led me to study the clinical applications of the juice of the papaw to disorders of digestion. The first was the relatively large number, both in private practice and clinical service, of patients otherwise enjoying good health, but complaining of digestive disorders. The second was the following statement of Lauder Brunton's, which I encountered some years ago:

"In the West Indies a tough beefsteak is rendered tender by rubbing it with the juice of a fresh papaw fruit, which contains a ferment, having an action very much like the trypsin of the pancreas."

The line of argument that would naturally be followed by the mind after receiving such a statement would be this:

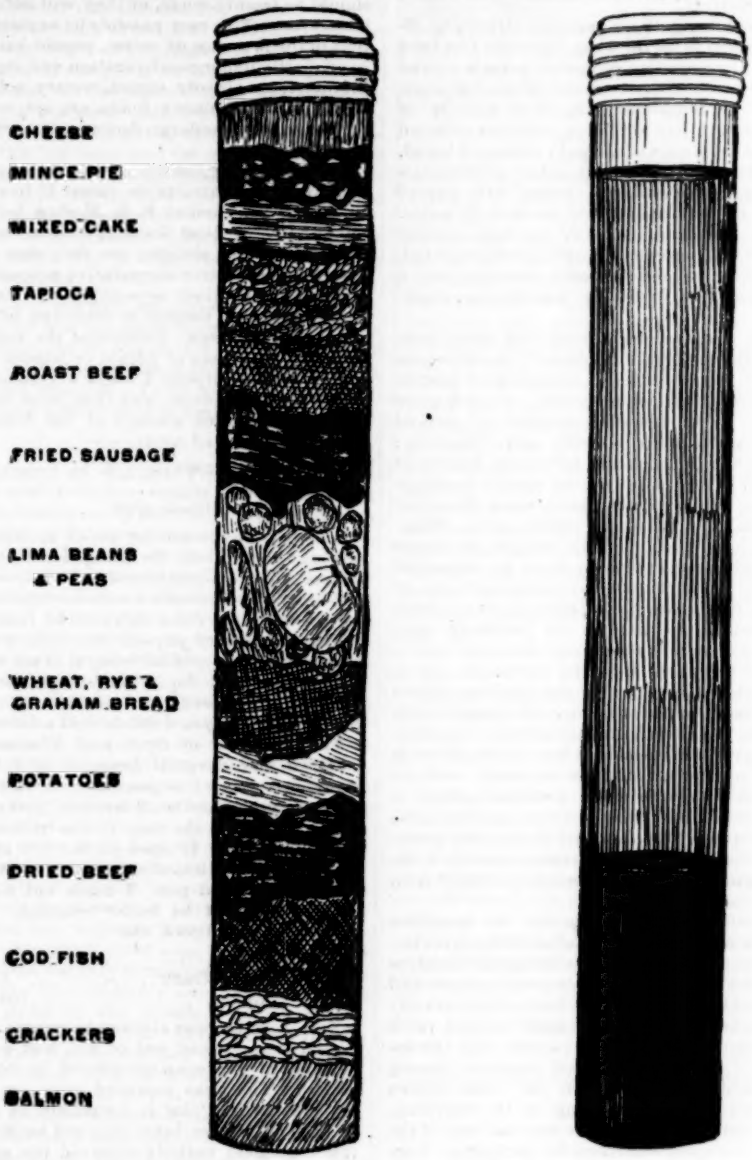
"A tender beefsteak is more easily masticated and digested than a tough one; consequently an agent possessing the power of making this change must be of considerable value as an aid to digestion when weakened from any cause." Before considering the therapeutics of this unique remedy, however, I may briefly summarize its physiological actions and other properties.

Papoid is a fine cream-white powder, almost devoid of odor and taste, freely soluble in both water and glycerine, and claimed to be of uniform digestive activity.

The physiological actions of papoid as a digestive agent

* An extract from the *N. Y. Medical Journal* of July 30.

have been thoroughly established. It acts upon albumenoids, hydrating them and converting them ultimately into peptones, as fully demonstrated by George Herschell. It converts starch with great promptness, the ultimate product being maltose. It emulsifies fats. Moreover, conjunction with true antiseptics, such as salol, when necessary, without its digestive action being checked; even corrosive sublimate in dilute solutions does not interfere with its digestive powers. It acts at all temperatures, but attains its maximum activity at a temperature of about



ILLUSTRATING ARTICLE BY PROF. WOODBURY ON PAPOID.

Herschell declares that it has a direct tonic action on the stomach, stimulating the secretion of gastric juice or pepsinogen. Papoid, according to the same authority, is distinctly antiseptic in its action and prevents abnormal fermentative processes from taking place in the stomach and intestines. An important point is, that it can be given in 130° F. In several important points it differs from pepsin. Papoid acts best in an alkaline solution, but also can work in fluids with an acid or neutral reaction; pepsin requires an acid solution. Papoid is freely soluble and is most active when in concentrated form; pepsin requires free dilution. Herschell also points out the greater digestive

power possessed by papain, Finckler than either pepsin or pancreatine, and states that "it can be used when pepsin is contra-indicated or powerless." Finally, it should be stated that papoid has no action upon living tissues, and is positively innocuous when swallowed in any quantity that is likely to be administered.

Therapeutically, confining these remarks strictly to digestive disorders, papoid is useful when digestion has been overtaxed, or when the secretion of gastric juice is absent or deficient. Experiments of my own and others have satisfied my mind of the remarkable digestive activity of papoid. For instance, in one of the experiments referred to, portions of the constituents of a hearty dinner of bread, meat, potatoes, peas, mince-pie and other substantials were placed in a large test-tube and treated with papoid and bicarbonate of sodium and a small amount of water. The result was very satisfactory indeed; the meat rapidly softened and the other ingredients rapidly disintegrated, forming a pultaceous mass, which finally separated into a grumous sediment and an overlying albuminous, dark-colored liquid.

Since papoid acts in alkaline solutions even better than in acid media, it is evident that it is specially useful where there is indigestion due to deficient secretion of gastric juice or of hydrochloric acid (achlorhydria). In such cases the administration of an alkaline solution of papoid favors gastric digestion both directly and indirectly: First, by digesting albuminates and softening masses of food; and, secondly, by the action of the papoid in stimulating the secretion of the pepsin gland, while the alkali induces the secretion of a more acid gastric juice. Moreover, it retards the fermentation of the undigested masses of food in the stomach and prepares them for intestinal digestion. In fact, in such cases a compressed pill of papoid bicarbonate of sodium and extract of nux vomica has given me excellent results. In the contrary case, where there is an excess of hydrochloric acid, and where the stomach contents poured into the duodenum are so acid that they prevent the action of the trypsin, papoid prevents duodenal indigestion by taking the place of the pancreatic ferment. As Herschell points out, it is obviously of no use to give pancreatin by the mouth, as it is at once destroyed by the acid of the stomach, and it is practically impossible to administer sufficient alkali to neutralize the excess of acid, and it would, moreover, be unwise, because it would stimulate still further the secretion of the acid. Papoid is of the greatest use here, because its activity is not materially affected by contact with acid.

In gastralgia, which often accompanies the condition just named, papoid, with bicarbonate of sodium, gives immediate relief. On account of its well-marked sedative action, it is also useful in irritable stomach, nausea and vomiting. In sea-sickness, I have not had an opportunity as yet of using it, but I would anticipate decided relief from its administration. In gastric catarrh and the catarrhal conditions of the intestinal tract popularly known as biliousness, papoid, administered in hot water fifteen minutes before meals, or upon rising in the morning, cleanses off the mucous and places the mucous coat of the digestive organs in a good condition for secretion. Constipation, especially in children, is often caused by imperfect digestion. In infants, for instance, the fæcal masses consist largely of casein. Here a digestive agent is the rational remedy to administer, and, in fact, I have used papoid with good results in just such cases, even in very young infants. On account of its sedative action, it is very efficient for the relief of colic in infants, as well as persistent vomiting. Its antiseptic action and its ability to digest in the presence of antiseptic agents makes it useful in the treatment of irritative diarrhœa in young children, to whom it may be given in combination with salol or salicylate of bismuth. In apepsia of young children, or in that form of deficiency of the gastric juice in adults due to atrophy of the gastric follicles, as the result of chronic catarrhal processes, the glycerin solution of papoid (1 to 20) is especially effective. It is permanent, and retains its activity for a long time, whereas watery solutions should be freshly made, or they will not keep their digestive power. (This may possibly be explained on the ground that in the presence of water, papoid being an albuminoid body, partly undergoes hydration and digests itself.) Furthermore, as already stated, watery solutions of papoid, like other albuminous fluids, are apt to become attacked by bacteria and undergo decomposition after standing for several days.

The following cases illustrate the action of papoid clinically in some intractable cases: If healing of an ulceration (says Dr. Thomas S. K. Morton before the Philadelphia County Medical Society) is retarded by the presence of sloughs—and sloughs are very slow to separate in the absence of an active suppurative process—it may be expedient to hasten their separation. If already loose at the edges, they may usually be dissected off without pain by scissors and forceps. Otherwise the best plan is to digest them out by means of pepsin or papoid. When pepsin is used for this purpose I build a retaining wall of tough cerate about the ulcer, and then pour into the little reservoir thus obtained enough of the following solution to cover the ulcerated area:

℞ Pepsin pure.....gr. j.
Water.....ʒ j.
Hydrochloric acid.....M. j.

Allowing this to act for about an hour, occasionally renewing the solution, the sloughs will, as a rule, be found almost or quite digested and liquefied, or so loosened up as to be readily removable by scissors and forceps. *But much more convenient than this will be found the dusting of a minute portion of papoid (vegetable pepsin) beneath the protective strips and allowing it to act until the limb is redressed the next day. This succeeds well, because papoid acts best in a concentrated medium of any reaction whatever—pepsin only in a dilute acid solution.*

The Treatment of Cysts and Abscesses.—The first case (*Medical and Surgical Reporter* of July 2d, by Dr. A. O. Hyde) was one of sebaceous cyst having existed for at least ten years, and until recently, given but little trouble. When I opened the sac, it was inflamed, partly broken down and about to open at the site of my incision. Its cavity contained about sixteen to twenty grams of decomposed secum and pus. I made but a small incision that the fluids might be better retained. The solution employed was as follows, viz:

℞ Papoid..... 15 to 20 grams.
Sodii Bibarb..... 5 to 10 grams.
Aquæ.....100 C. C.

This injection was allowed to remain from one to eight hours, then pressed out of sac, and a strong solution of peroxide of hydrogen introduced to thoroughly clean the cavity. This was repeated once or twice daily. The patient was irregular in treatment of cyst, otherwise the result would have been obtained earlier. A few weeks of this treatment entirely removed the cyst wall, and satisfactorily cured the case.

The second case was one of perineal abscess, that owing to the carelessness of the patient had existed for several months, during which period it had been thoroughly injected daily with peroxide of hydrogen solution. The patient was unwilling to remain away from his business, and thus have the necessary rest for cure, and also was troubled with uric acid deposits and calculi in bladder. The abscess improved under above treatment, but would break down occasionally and discharge pus. Several times the urethral floor was perforated with pus, and urine passed freely through the sinus. I injected a 15 per cent.

solution of papoid of the formula above given, allowing it to remain in the cavity about ten to fifteen minutes. The patient described the sensation at the time as though many mosquitoes were stinging the sac walls. I cleansed the cavity with peroxide hydrogen solution as before. In a day or so the abscess closed and remained so for ten days; it then had a slight discharge of pus, but an injection of peroxide hydrogen was followed by permanent closure of the sinus. This treatment was given three or four months ago.

The prompt arrest of this abscess from a single injection of alkaline 15 per cent. solution of papoid, greatly surprised me. The cure can not be attributed to peroxide of hydrogen, as this had been used for months with favorable but not curative results; employed after the papoid it simply or mainly oxydized the debris or digested pyogenic membrane, facilitating its removal.

Had I employed the papoid and been aided by rest to my patient, I am confident that I could have cured the case probably several months earlier.

[ED. NOTE.—The writer has had personal and other experience with papoid and can speak favorably of its effects in many of the affections for which it is recommended. It is a great point in its favor, that it acts regardless of an acid or an alkaline reaction. There is every indication that the drug will fill a large field of usefulness.]

Abortive Treatment of Variola Pustules.—Dr. Maurice Coste, of Marseilles, France, aborts the development of the pustules of small-pox by covering the face with a piece of borated lint, with four openings for the mouth, nose and eyes. Over this two others are applied, which are wet with a solution of boric acid. Then a waterproof stuff is placed over the whole and the entire dressing fixed by a gauze bandage. This dressing, which is applied when the eruption comes out, remains on until the crusts fall off—*i. e.*, until the ninth to the twelfth day. Care should be taken that it be kept always wet with the boric acid solution. The waterproof protective should be removed and the covering sprayed. As soon as the layer which is over the pustules is soiled it should be renewed. Under this mask the pustules are but little inflamed, become smaller, and leave in their center a drop of pus which exudes and dries on the lint. Four to five days after the first dressing, in place of the pustule a reddish layer of epidermis is seen, which, after five to seven days, falls off without leaving a scar. The treatment is very simple, easily carried out by any one, and is neither expensive nor dangerous. The writer only used this treatment on patients who had not been vaccinated and were suffering from confluent variola. Out of the twenty-five which lived none had a scar on the face, but presented an entirely normal skin, while on the rest of the body the characteristic small-pox pits were visible. Another proof of the excellent action of the method was shown by the fact that where the dressing did not fit well, as around the mouth and nose, sometimes a pit or two would be found. Besides having the advantage of preventing the formation of pits, it hastens the fall of the crusts. When the face was free from crusts those on the remainder of the body were just beginning to dry.—*Wiener Medizinische Presse, No. 21, 1892.—F. H. P.*

Menthol in External Furunculous and Purulent Acute Otitis.—Dr. R. Cholewa employs in recent acute inflammation of the middle ear instillations of a ten per cent. solution of carbolic acid and glycerine. If this does not influence the disease, which is the case when it is purulent, or if a purulent exudate can be diagnosticated, then one should disinfect the external meatus with lysol, and thorough paracentesis be performed. Then the tympanic cavity is washed out with a one per cent. solution of common salt, with an Eustachian catheter through the Eustachian tube. In this manner the remainder of the exudate is removed. Finally, a few drops of the oil of menthol (ten per cent.) are dropped into the opening of the catheter and blown through. The meatus is then carefully dried and packed with dry menthol and glycerine cotton. While in simple furunculousis of the meatus wicking is used which has been dipped into a solution of menthol, in the treatment of acute purulent inflammation of the middle ear the writer employs a specially prepared cotton of menthol and glycerine.

The writer twists out of this cotton cones of about an inch in length; in children smaller ones. These are introduced into the ear and pressed well up against the drumhead. Care should be taken that no great pressure is brought to bear against the drumhead or the canal in furuncolosis, or the pain will become unbearable. The larger end of the cone reaches to the external auditory meatus and no further. Over this a bandage is placed. The cones are removed every twenty-four hours and changed. After the paracentesis and introduction of the first cone, a seropurulent fluid exudes which smells strongly of menthol. From the first the patients taste it, and with every inspiration a stream of menthol vapor is drawn into the tympanic cavity. On removing the first cone no pus is found in the canal, yet the cone is found soaked with it. No fetor is noticeable. On introduction of the catheter the rattling sounds are heard, but these disappear on the third day and the oozing of fluid by the side of the cone ceases, the opening made by the paracentesis closes, and by the eighth day all the symptoms of the disease are reduced to a slight roaring in the ear affected. These results may be called excellent, if one regard the average time of an attack of acute inflammation of the middle ear as three to five weeks, and if one considers the ups and downs of the average case.—*Wiener Medizinische Presse, No. 21, 1892. —F. H. P.*

Chromic Acid as Re-Agent for Albumen and Bile in the Urine.—Prof. O. Rosenbach-Breslau (D. Mediz Wochenschr., No. 17,) has discovered an excellent re-agent in chromic acid to detect even traces of albumen in urine. A few drops added to urine in form of a five per cent. solution yields with the albumen a very floculent, yellowish, quickly subsiding precipitate. Urine which separates phosphates upon boiling, upon the addition of the chromic acid the phosphates are dissolved, and if albumen be present this remains as floculent precipitate. In the presence of urates it is safer to boil the urine before adding the re-agent.

For the detection of bile a five per cent. solution is carefully added to the urine; a green color is at first produced, which passes to red-brown with an excess of the re-agent. An excellent way to use the re-agent is by dropping it upon filter paper which has previously been wetted with the urine. Z.

OBITUARY.

The death of GEN. JAMES. W. HUSTED, at his home at Peekskill, September 25th, brings a feeling of sadness not alone to his political and business associates, with whom he was always an able counsellor and trusted leader, but to the thousands of warm and earnest friends in every part of the State to whom he was endeared by acts of kindness and a thorough and intelligent devotion to every measure for the relief and benefit of suffering humanity. Honest in his convictions, earnest in his efforts for the public good, always a gentleman, the name of James W. Husted will ever be held in grateful remembrance.

MISCELLANY.

—Mr. Tyndall has been giving some startling statistics concerning nursing as a livelihood. A healthy girl of 17, he says, who becomes a nurse dies twenty-one years sooner than a girl of the same age moving in the general population. That is to say, a hospital nurse of 25 has the same expectation of life that a person of 58 has who is a member of the community at large.

—Note the pupil in chloroform anesthesia. When the pupil dilates, the cardiac respiratory centers are beginning to be inhibited.

—A much-needed sanitarium for inebriate women, under the name of the St. Savior's Sanitarium, has recently been established at Inwood, this city, under the direction of the Sisters of St. Mary.

—The death of Dr. Praraz, of Lyons, the inventor of the hypodermic syringe, is announced.

—Epidermine, composed of water, glycerine and beeswax, is a new and very excellent medium for drugs in external application.

—Dr. Steel thinks the dyspepsia of advanced stage of Bright's disease is due to heart failure and is not toxæmic, and recommends heart tonics, and in the spasmodic stage, morphine.

—Dr. Mikhnevitch recommends in infantile diarrhœa half-grain doses of salicylate of bismuth, given in some mucilaginous preparation, every three or four hours.

—Dr. J. M. Walker, of Denver, has been elected president of the State Medical Board of Colorado.

—The London *Lancet* says: As an indication of the increasing attention paid to matters of funeral reform, it is satisfactory to note that at the obsequies of Sir James Allport, the mourners, by special request of the deceased, did not uncover their heads beside the grave.

—A lump of ambergris, of excellent quality, weighing 136 pounds, was lately discovered floating in the Pacific Ocean, some hundreds of miles from the Australian coast. Its value in money is about $50,000, and when retailed it will bring about three times its weight in gold.

—It may be worth knowing that a solution of oxide of copper in ammonia, used as paste, will prevent an envelope from unauthorized opening by moisture. The same result may be produced by water-glass (silicate of soda, or potassa).

—One of the courts of this city has recently decided that when a physician has assumed the care of a patient, he is legally obliged to give him his best skill, without regard to the question of fees.

—It appears that in England an American diploma does not entitle its possessor to call himself M. D. A doctor has actually been prosecuted and convicted for this offense, and upon the application to quash the conviction, Lord Chief Justice Coleridge expressed the opinion that within the meaning of the law of England, our countryman had falsely pretended to be a doctor of medicine, having only an American degree. His appeal was dismissed, and he will now have the pleasure of paying into the Queen's Treasury the sum of one hundred dollars, for using in England a title to which in America he has a legal right.

—Last year one hundred and fifty persons were cremated in France, at an average cost of six dollars.

—Obesity is treated at the Hot Springs, Arkansas, with hot baths, limitation of the diet to one article, and of the beverage to hot water only. Under this régime, a woman weighing 435 pounds was reduced in a few months to 142 pounds, and could climb a mountain like a gazelle.

—The Senate has just passed a law giving to officers of the medical corps holding the rank of Colonel, the grade of Assistant Surgeon-Generals, and to those holding the rank of Lieutenant-Colonel, the grade of Deputy Surgeon-Generals. These are new titles in our army, and are similar to those of the British Army Medical Corps.

—The publication office of the *Southern Journal of Homœopathy* will be changed from New Orleans to Baltimore, where it will be under the editorial care of Dr. Eldridge C. Price. Dr. Price is well known to the readers of the TIMES and to the profession generally as an excellent scholar and an able writer.

—To remove stains of blood, saturate the spots in kerosene, and let stand a time; afterwards wash out in warm water.

—A three-year old son of Dr. W. P. Lawrence swallowed a brass wheel, three-quarters of an inch in diameter, sharply notched around like a clock wheel, to which was fastened a piece of steel half an inch long and as large as a lead pencil. The child was almost strangled to death in the effort to dislodge the wheel from the throat, but it passed safely into the stomach, and no bad result was experienced. Frightened parents may be told of this occurrence when children have swallowed any ordinary article, as they often do.

—The mortality from phthisis is greater among widowers than among bachelors or married men. The rule holds good for all ages, and is ascribed to infection during married life.

—Goodell says that if after the sixth or eighth month, the cervix of a woman believed to be pregnant is as hard as the end of your nose, she is not likely to be pregnant; if, however, the cervix is as soft as your lips, she is probably pregnant.

—Dr. Herbert Nichols in the *Philosophical Review* sets forth a new theory that pleasure and pain are not merely complementary expressions of the general welfare of the individual, but that they are separate phenomena, having nerves of their own. These nerves are carried, he suggests, in the sheaths of the other nerves. In confirmation he cites the testimony of Goldschneider, the greatest living authority in this department, who reports having discovered and positively demonstrated isolated specific pain nerves. That the demonstration is correct, says Dr. Nichols, there seems no reason to doubt.

—The forty-first semi-annual meeting of the Homœopathic Society of the State of New York will be held in Jaeger Hall, Fifty-ninth street and Madison avenue, on October 4th and 5th. The Society and guests will be entertained at a banquet at Sherry's, Wednesday evening.

—The death rate in this city for the year ending July, 1892, was 26 in 1,000, as against 24.5 in the previous year. In Berlin it was 21 in 1,000.

—The careful investigations of a German physician show that five per cent. of all cases of syphilis are due to extra-genital infection. Many authorities give the maximum as ten per cent. In certain parts of Russia the proportion is said to reach eighty or ninety per cent.

—A grant of £250 has been made to the physiological laboratory of the University of Cambridge, England, for the purpose of establishing a psychological department. This is the only opportunity for psychological instruction in the laboratory in England.

—An Italian duchess, having given birth to a boy about the time her husband returned from a two years' absence, is trying to convince the court that the child is the product of union with her husband through the medium of his ghost. She has not yet stated whose material person the linga assumed on that occasion, and that is just what the duke is most anxious to ascertain.